ZOLL®

M Series®

Service Manual

9650-0450-01 Rev.U

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Preface

ZOLL® Medical Corporation's M Series® Service Manual is intended for the service technician whose responsibility is to identify malfunctions and/or make repairs at the subassembly level. The ZOLL M Series Service Manual has five main sections and one appendix.

Preface—Contains safety warnings and an overview of the manual's contents. Be sure to review this section thoroughly before attempting to use or service the M Series unit.

Chapter 1—Maintenance Tests explains how to check the defibrillator's performance using a series of recommended checkout procedures to be conducted every six months.

Chapter 2—Troubleshooting provides a listing of the procedures and error messages to help the service technician detect faults and repair them.

Chapter 3—Disassembly Procedures describes step-by-step procedures for removing subassemblies from the M Series unit.

Chapter 4—Replacement Parts List displays a complete list of ZOLL part numbers for field replaceable parts available for the M Series unit, allowing the service person to identify and order replacement parts from ZOLL.

Chapter 5—Functional Description provides technical descriptions for the M Series major subassembly modules. **Appendix A—**M Series Operator's Manual

Safety Considerations

The following section describes general warnings and safety considerations for operators and patients. Service technicians should review the safety considerations prior to servicing any equipment and read the manual carefully before attempting to disassemble the unit. Only qualified personnel should service the M Series unit.

Federal (U.S.A.) law restricts this unit for use by or on the order of a physician.

Safety and effectiveness data submitted by ZOLL Medical Corporation to the Food and Drug Administration (FDA) under section 510(K) of the Medical Device Act to obtain approval to market is based upon the use of ZOLL accessories such as disposable electrodes, patient cables and batteries. The use of external pacing/defibrillation electrodes and adapter units from sources other than ZOLL is not recommended. ZOLL makes no representations or warranties regarding the performance or effectiveness of its products when used in conjunction with pacing/defibrillation electrodes and adapter units from other sources. If unit failure is attributable to pacing/defibrillation electrodes or adapter units not manufactured by ZOLL, this may void ZOLL's warranty.

Only qualified personnel should disassemble the M Series unit.

WARNING! This unit can generate up to 4500 volts with sufficient current to cause lethal shocks.

All persons near the equipment must be warned to “STAND CLEAR” prior to discharging the defibrillator.

Do not discharge the unit’s internal energy more than three times in one minute or damage to the unit may result.

Do not discharge a battery pack except in a Base PowerCharger^{4x4} or compatible ZOLL Battery Charging/Testing unit.

Do not use the M Series in the presence of flammable agents (such as gasoline), oxygen-rich atmospheres, or flammable anesthetics. Using the unit near the site of a gasoline spill may cause an explosion.

Do not use the unit near or within puddles of water.

Note: The M Series is protected against interference from radio frequency emissions typical of two-way radios and cellular phones (digital and analog) used in emergency service/public safety activities. Users of the M Series should assess the unit’s performance in their typical environment of use for the possibility of radio frequency interference from high-power sources. Radio Frequency Interference (RFI) may be observed as shifts in monitor baseline, trace compression, or transient spikes on the display.

Additional Reference Material

In addition to this guide, there are several other components to the ZOLL M Series documentation. They include:

- Operator’s Guide - A comprehensive reference work that describes all the user tasks needed to operate the M Series.
- Configuration Guide - Describes the M Series features and functions whose operation can be customized by authorized users.

Conventions

WARNING! Warning statements describe conditions or actions that can result in personal injury or death.

Caution Warning statements describe conditions or actions that can result in personal injury or death.

Note: Notes contain additional information on using the defibrillator.

Service Policy Warranty

In North America: Consult your purchasing agreement for terms and conditions associated with your warranty. Outside of North America, consult ZOLL authorized representative.

In order to maintain this warranty, the instructions and procedures contained in this manual must be strictly followed. For additional information, please call the ZOLL Technical Service Department 1-800-348-9011 in North America.

Technical Service

If the ZOLL M Series unit requires service, contact the ZOLL Technical Service Department:

Telephone: 1-978-421-9655; 1-800-348-9011

Fax 1-978-421-0010

Have the following information available for the Technical Service representative:

- Unit serial number.
- Description of the problem.
- Department where equipment is used.
- Sample chart recorder strips documenting the problem, if applicable.
- Purchase Order to allow tracking of loan equipment.
- Purchase Order for a unit with an expired warranty.

If the unit needs to be sent to ZOLL Medical Corporation, obtain a service order request number from the Technical Service representative. Return the unit in its original container to:

ZOLL Medical Corporation
269 Mill Road
Chelmsford, Massachusetts 01824-4105

Attn: Technical Service Department

Telephone: 1-800-348-9011; 1-978-421-9655 FAX: 978-421-0010

Technical Service for International Customers

International customers should return the unit in its original container to the nearest authorized ZOLL Medical Corporation Service Center. To locate an authorized service center, contact the International Sales Department at ZOLL Medical at the above address.

Units are available on loan while your unit is being repaired.

Chapter 1
Maintenance Tests

Overview

The M Series has two checkout procedures: the operator's shift checklist and the extensive six-month maintenance tests checkout procedures.

Because the M Series units must be maintained ready for immediate use, it is important for users to conduct the Operator's Shift Checklist procedure at the beginning of every shift. This procedure can be completed in a few minutes and requires no additional test equipment. (See the ZOLL M Series Operator's Guide for the Operator's Shift Checklist.)

A qualified biomedical technician must perform a more thorough maintenance test checkout every six months to ensure that the functions of the M Series unit work properly. This chapter describes the step by step procedures for performing the six month maintenance test checkout. Use the checklist at the back of this document (ZOLL M Series Maintenance Tests Checklist) to record your results of the maintenance tests.

This chapter describes the following M Series maintenance tests:

1. Physical Inspection of the Unit
2. Front Panel Button Test
3. 3, 5, and 12 Leads Test
4. Power Supply Test (Optional)
5. Leakage Current Test
6. Paddles Test (If applicable)
7. Heart Rate Display Test
8. Calibrating Pulses on Strip Chart Test
9. Notch Filter Test
10. Heart Rate Alarm Test
11. Defibrillator Self Test
12. Synchronized Cardioversion Test

13. Shock Test
14. Summary Report Test
15. Advisory Message Test
16. Pacer Test
17. SpO2 Monitor Test
18. EtCO2 Monitor Test
19. Temperature Test
20. IBP Monitoring Test
21. NIBP Volume Leak Test with Fluke Biomedical NIBP Analyzer
22. NIBP Transducer Calibration Test
23. NIBP Monitor Test
24. Bluetooth Test

Before You Begin the Maintenance Tests

- Assemble the tools or specialized testing equipment listed in the “Equipment You Need to Perform the Maintenance Tests” section shown below.
- Keep an extra fully charged ZOLL M Series compatible battery available.
- Schedule an hour to conduct the entire maintenance test.
- Photocopy the checklist at the back of this document and use the copy to record your results. As you conduct each step of a procedure, mark the Pass/Fail/NA check boxes on your checklist and then save it for your maintenance file.
- Perform the tests in the order presented.
- Perform all the steps of each test procedure.
- Complete all the steps of the procedure before evaluating the test results.

Equipment that You Need to Perform the M Series Maintenance Tests

This section lists equipment that we use to perform the maintenance tests that we describe in this chapter. You can substitute an equivalent device for a listed device; however, *not all simulators and analyzers will produce the same results*. Be sure to follow the manufacturer's recommendations for conducting the maintenance tests.

We recommend the use of the following equipment when performing M Series Maintenance Tests:

- ZOLL Medical Electrode Adapter from Fluke Biomedical (ZOLL Part Number 3010-0378).
- QED 6 Defibrillator Analyzer
- MFC Test Port Connector, 1004-0053-99
- Fluke Biomedical 601 Pro Series International Safety Analyzer.
- ECG Simulator; 12 Lead Simulator for 12 Lead test (e.g., Symbio CS1201).
- Stop watch.
- Standard series II PC flash memory cards.
- 1 red miniature alligator to miniature alligator test lead.
- 1 black miniature alligator to miniature alligator test lead.
- DC power supply (15 amp minimum).
- 0.1 ohm 1% resistor (1/4 watt or greater).
- 1000 ohm 1% resistor (1/4 watt or greater).
- Fluke 75 Multimeter or equivalent.
- Printer Paper.
- Battery.
- AC line cord.
- 3 lead, 5 lead and 12 lead ECG cables. (12 lead cable needed if 12 lead option is installed.

Equipment You Need for the M Series Options Maintenance Tests

- Fluke Biomedical Index 2 SpO_2 Simulator or equivalent. (For SpO_2 units only.)
- SpO_2 cable and sensor (if option is installed).

- $EtCO_2$ cable, and CAPNOSTAT 3 Mainstream cable with airway adapter, or CAPNOSTAT 3 Sidestream cable with cannula (if option is installed).
- Novametrix Capnostat Simulator Yb 1265/7100
- Paddles (if used).
-)
- Fluke Biomedical BP Pump 2 NIBP Monitor Analyzer (For NIBP units only) with NIBP cable and cuff (if NIBP option is installed), or
- Fluke Biomedical Cufflink Analyzer (if NIBP option is installed)
- IBP Temperature Simulator 9100-0402-TF
- DNI Nevada 214B Patient SImulator, with M Series interface cable

The Fluke Biomedical BP Pump NIBP Monitor Analyzer and the Fluke Biomedical BP Pump NIBP Analyzer use different technologies for testing NIBP monitors and therefore, the manual provides two different procedures for performing the NIBP Volume Leak test with each of these types of test equipment.

1.0 Physical Inspection of the Unit

Tools Needed: Battery.

Test Setup: None.

Observe this...		Pass/Fail/NA
1.1	**Housing** Is the unit clean and undamaged?	o o
1.2	Does the unit show signs of excessive wear?	o o
1.3	Does the handle work properly?	o o
1.4	Does the recorder door open and close properly?	o o
1.5	Are input connectors clean and undamaged?	o o
1.6	Are there any cracks in the housing?	o o
1.7	Do the front panel or selector switches have any damage or cracks?	o o
1.8	Are there any loose housing parts?	o o
1.9	**Cables** Are all cables free of cracks, cuts, exposed or broken wires?	o o
1.10	Are all cable bend/strain reliefs undamaged and free of excessive cable wear?	o o
1.11	**Paddles** Do the adult and pedi plates have major scratches or show signs of damage?	o o o
1.12	Do the adult shoes slide on and off easily to expose the covered pedi plates?	o o o
1.13	Are the paddles clean (e.g., free of gel) and undamaged? (if applicable)	o o o
1.14	**Battery** Place battery in battery well.	o o

Observe this...		Pass/Fail/NA
1.15	Is the battery seated in the battery well correctly?	o o
Record your results on the Maintenance Test Checklist.		

2.0 Front Panel Button Test

Tools Needed: QED 6 Defibrillator Analyzer

Test Setup:

Install strip chart paper into the recorder tray.

Install the battery in the unit or connect the A/C power cord to the unit and then plug the cord into an electrical outlet.

Connect the universal cable and ECG cable (3 lead, 5 lead, or 12 lead) to the QED 6 Analyzer (or equivalent).

	Do this...	Verify that...	Pass/Fail/ NA
2.1	Turn the selector switch to **MONITOR**. (For AED units, turn the selector switch to **ON** and select Manual mode.)	The unit sounds 4 beep tones. PADS and MONITOR display on the monitor. **Note:** PADS is a factory default setting. If not in PADS, there will be 2 extra beep tones.	o o
2.2	Set the QED 6 analyzer to NSR of 120 BPM. To check the size of the ECG waveform, press the **SIZE** button.	As you press the SIZE button five times (0.5, 1.0, 1.5, 2.0, 3.0), the size of the ECG waveform appropriately changes on the display.	o o
2.3	Press the **ALARM SUSPEND** button.	Alarm symbol changes from disabled to enabled. If the alarm sounds, press the ALARM SUSPEND button to turn it off. Press and hold the **ALARM SUSPEND** button for 3 seconds to disable alarms.	o o o
2.4	Press the **RECORDER** button.	The strip chart paper moves out of the unit from the paper tray. Check that the correct time, date, ECG lead annotation and waveform are recorded on the paper. (Set Time and Date, if necessary.)	o o o
2.5	Open the paper compartment door, then press the **RECORDER** button.	The *CHECK RECORDER* message appears on the monitor.	o o o
2.6	Close the paper compartment door, then press the **RECORDER** button.	The strip chart paper flows out of paper tray and the monitor no longer displays the *CHECK RECORDER* message.	o o o
2.7	Press the **RECORDER** button.	The strip chart paper stops flowing out of the paper tray.	o o o
2.8	Press the **VOLUME** softkey.	The volume bar graph displays. **Note:** The QRS tone is on or off. There is no gradual change in volume. If equipped, voice prompts are gradual. Note: The voice volume has 5 settings. Setting 3 is in the mid-range.	o o

	Do this...	Verify that...	Pass/Fail/ NA
2.9	Press the **INC** softkey.	The bar graph appears on the display, indicating an increase in volume. **Note:** This action does not increase the volume of the unit's audio prompts.	o o
2.10	Press the **DEC** softkey.	The bar graph appears on the display, indicating a decrease in volume. Verify that pressing the **DEC** softkey until only the last bar appears silences the unit's audio prompts, otherwise the volume of the audio prompts does not decrease.	o o
2.11	Press the **CONTRAST** button.	The monitor screen displays the Contrast Menu.	o o
2.12	Press the **INC** softkey.	The screen contrast and bar graph increases on the display.	o o o
2.13	Press the **DEC** softkey.	The screen contrast and bar graph decreases on the display.	o o
2.14	Press the **SUMMARY** button.	The monitor screen displays the Summary menu, showing the summary report options.	o o o
2.15	Press the **CODEMARKER** button.	The monitor screen displays the Code marker menu.	o o o
2.16	Connect to AC or DC current and install the battery. Turn the unit off.	The CHARGER ON indicator lights (either the Green or Amber indicator lights).	o o o
2.17	Remove the battery.	The charger light alternately flashes green and amber.	o o
2.18	Replace the battery and the turn unit on.	The amber charger light illuminates.	o o
2.19	Press the **ANALYZE** button.	The *SELECT DEFIB MODE* message appears on the monitor (for manual devices).	o o o
2.20	Connect the universal cable to the QED 6. Move the selector switch to DEFIB. Select 2J. Press the **CHARGE** button.	The display shows that the unit is charging. The **SHOCK** button lights when the unit is charged, and the Ready tone for DEFIB sounds.	o o o
2.21	Press and hold the **ENERGY SELECT** down arrow.	The unit discharges internally and selected energy decrements to 1J.	o o o

	Do this...	Verify that...	Pass/Fail/ NA
2.22	Press and release the **ENERGY SELECT** up arrow 19 times.	The following selections appear: Verify the following energy amounts display incrementally: Biphasic:2-10, 15, 20,30, 50, 75, 100,120, 150, 200J Monophasic (DSW): 2-10, 15,20,30,50,75, 100, 150, 200, 300, 360J.	o o o
2.23	Press the **CHARGE** button.	The display shows the unit charged up to 200J (360J monophasic) and the **SHOCK** button lights.	o o o
2.24	Press the **SHOCK** button.	The unit discharges and the **SHOCK** button is no longer illuminated. A 15 second strip chart automatically prints, displaying the number of joules delivered (if equipped with recorder and configured to print event).	o o o
2.25	Disconnect AC or DC power cord from device.		
Record your results on the Maintenance Test Checklist.			

3.0 3, 5, and 12 Leads Test

Tools Needed: 3 lead, 5 lead, and 12 lead cables. Test each cable separately. QED 6 Defibrillator Analyzer.

Test Setup:

The M Series unit must be configured to display *ECG LEAD OFF* message.

Connect the lead wires appropriate to each test to the QED 6 Defibrillator Analyzer.

	Do this...	Observe this...	Pass/Fail/NA
3.1	Turn the selector switch to **MONITOR**. Select leads.	The monitor displays the *NO ECG LEADS OFF* message.	o o o
3.2	Disconnect one lead from the simulator.	The monitor displays the *ECG LEAD OFF* message within 3 seconds (if configured).	o o o
3.3	Reconnect the lead. Repeat step 3.2 with the remaining leads.	The *ECG LEAD OFF* message appears when the lead is disconnected and clears the lead is reconnected.	o o o
3.4	Repeat 3.2 and 3.3 for 5 lead and 12 lead cables.	**Note:** If heart rate alarm sounds, press and hold the **ALARM SUSPEND** button for 4 seconds to disable the alarms. **Note:** When testing the 12 lead cable, the *ECG LEAD OFF* message displays when you pull off a limb lead. When you pull off a V lead, the *ECG VX LEAD OFF* message displays, where “X” is the number between 1 and 6.	o o o
Record your results on the Maintenance Tests Checklist.			

4.0 Power Supply Test (Optional)

Tools Needed:

- 1 red miniature alligator to miniature alligator test lead.
- 1 black miniature alligator to miniature alligator test lead.
- DC power supply (15 Amp minimum).
- 0.1 ohm 1% resistor (¼W or greater).
- 1000 ohm 1% resistor (¼W or greater).
- Fluke 75 multimeter or equivalent.

Test Setup:

Make sure the unit and power supply are turned off.

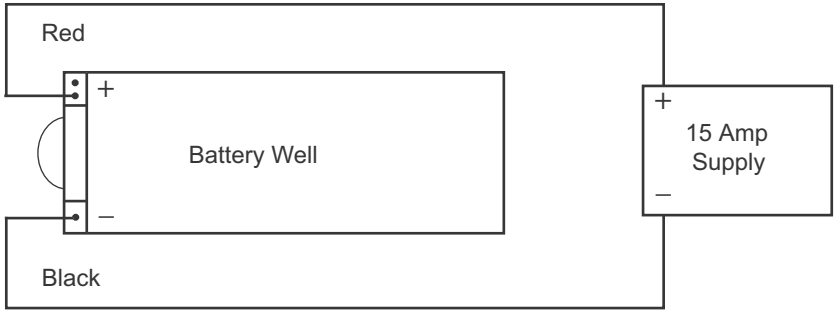
Connect one end of the black lead to the "-" terminal in the battery well.

Connect the other end of the black lead to the "-" terminal of the power supply.

Connect the red lead to "+" terminal socket of the battery well. Use the middle pin with the plastic guard around it. Connect the other end of the red lead to the "+" terminal of the power supply.

Set the power supply voltage to 7V.

Caution Be sure to connect the power supply properly to the M Series battery well terminals or damage to the unit may result. Do NOT raise the power supply voltage above 12V.



	Do this...	Verify that...	Pass/Fail
4.1	Turn the selector switch to **MONITOR**. (For AED units, turn the selector switch to **ON** and select Manual mode.)	The unit does not turn on.	o o
4.2	Turn the selector switch to the **OFF** position.		
4.3	Adjust the power supply voltage to 10.3V and turn the selector switch to **MONITOR** (for AED units, turn the selector switch to the **ON** position).	The unit turns on.	o o
4.4	Low Battery Test Set voltage to 9.9V.	Wait one minute, and verify that the unit does not display the *LOW BATTERY* message.	o o
4.5	Set voltage to 9.4V.	The unit displays the *LOW BATTERY* message within 30 seconds.	o o
4.6	Shut Down Voltage Test Set voltage to 8.5V.	The unit shuts off within 30 seconds.	o o
Record your results on the Maintenance Tests Checklist.			

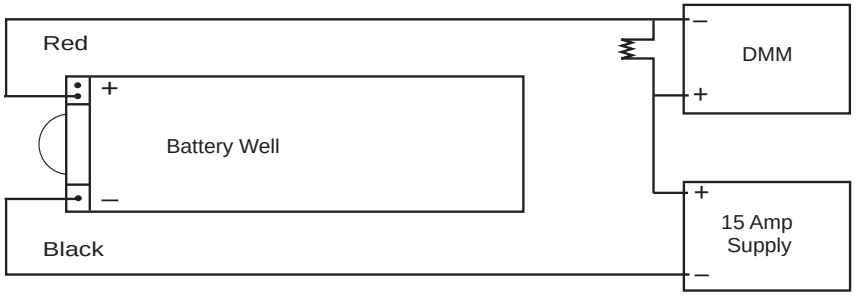
Test Setup:

Remove red lead from power supply and connect to 0.1ohm resistor.

Connect other end of resistor to “+” terminal of power supply using a second red label.

Connect multimeter across the resistor.

Set voltage scale (if DVM is not autoranging) to 220mV.



	Do this...	Verify that...	Pass/Fail
4.7	System Current Test Set power supply to 10.3V.		

	Do this...	Verify that...	Pass/Fail
4.8	Turn the selector switch to MONITOR. (For AED units, turn the selector switch to ON and select Manual mode.	Voltage across resistor should be 80 mV or less (<800 mA of ON current). Note: Without optional parameters. a) With green screen or LCD and no options <80mV. b) With yellow screen and no options <81mV. c) With yellow screen and SpO_2 <104mV. d) With yellow screen and voice recording <91mV. e) With yellow screen, voice recording, and SpO_2 <114mV. f) All devices with $EtCO_2$ <121mV.	o o
4.9	Turn unit off.		o o
Record your results on the Maintenance Tests Checklist.			

Off Current Test

Test Setup:

Remove 0.1 ohm resistor and replace with 1K

Connect DMM across resistor.

Set voltage scale to DCV.

Measure voltage across resistor.

	Do this...	Verify that...	Pass/Fail
4.10	Measure across resistor with unit turned off.	Voltage should be less than 450mV (<450uA of current).	o o
Record your results on the Maintenance Tests Checklist.			

5.0 Leakage Current Test

Tools Needed: See the manufacturer's instructions or supplied specifications for the leakage tester you use.

Test Setup: See the manufacturer's instructions or supplied specifications for the leakage tester you use. Repeat leakage test with accessories: MFC, external paddles, and anterior/posterior paddles.

Maximum Leakage Acceptance Limits		
	Normal Condition	Single Fault Condition*
ECG	10μA	50μA
MFC	100μA	100μA
Earth	500μA	1000μA

6.0 Paddles Test (If applicable)

Tools Needed: QED 6 Defibrillator Analyzer.

Test Setup: If applicable, connect the universal cable to the paddles and place the paddles in paddle wells.

	Do this...	Verify that...	Pass/Fail/NA
6.1	Turn the selector switch to **DEFIB (For AED units, turn the selector switch to ON and select Manual mode**.) Press and hold the **ENERGY DOWN** button on the sternum paddle.	The energy selection decreases to 1J.	o o
6.2	Press and release the **ENERGY UP** button on the sternum paddle for each setting.	The joules selection increases as follows: Biphasic 1-10, 15, 20, 30, 50, 75, 100, 120, 150, 200J. Monophasic (DSW): 1-10,15, 20, 30, 50, 75, 100, 150, 200, 300, 360.	o o
6.3	Press and release the **RECORDER** button on the sternum paddle.	The recorder starts printing.	o o o
6.4	Press and release the **RECORDER** button again.	The recorder stops printing.	o o
6.5	Select 30J using the paddle **ENERGY** button. Press the **CHARGE** button on the Apex paddle.	The unit charges to 30J, then the red LED charge indicator illuminates and the charge tone sounds. **Note:** The front panel shock button does not illuminate.	o o
6.6	Press and release the **APEX SHOCK** button.	The unit does not discharge.	o o
6.7	Press and release the **STERNUM SHOCK** button.	The unit does not discharge.	o o
6.8	Press and hold both paddles **SHOCK** buttons.	The unit discharges. The *TEST OK* message displays and the red LED turns off. If configured, the recorder prints a strip chart.	o o
Record your results on the Maintenance Tests Checklist.			

7.0 Heart Rate Display Test

Tools Needed:

- ECG Cable (3 or 5 leads).
- QED 6 Defibrillator Analyzer.

Test Setup:

Turn the selector switch to MONITOR (For AED units, turn the selector switch to ON and select Manual override.) Press **LEAD** button until “I” displays.

Connect the ECG leads to the QED 6 Defibrillator Analyzer.

Connect the ECG cable to the unit.

	Do this...	Verify that...	Pass/Fail/NA
7.1	Set the QED 6 Defibrillator Analyzer to 120BPM.	The Heart Rate displays as 120 +/- 2 bpm.	o o o
Record your results on the Maintenance Tests Checklist.			

8.0 Calibrating Pulses on Strip Chart Test

Tools Needed: None

Test Setup: None.

	Do this...	Verify that...	Pass/Fail/NA
8.1	Press the **RECORDER** button.		
8.2	Press and hold **SIZE** button to activate the calibration signal.	The strip chart displays a signal of 300 ppm with an amplitude of 10 mm +/- 1 mm. The signal also appears on the video display.	o o o
Record your results on the Maintenance Tests Checklist.			

9.0 Notch Filter Test

Tools Needed: QED 6 Defibrillator Analyzer.

Test Setup:

Connect the ECG cable to the QED 6 Defibrillator Analyzer.

Connect the ECG cable to the unit.

	Do this...	Verify that...	Pass/Fail/NA
9.1	Turn the selector switch to **MONITOR** mode. (For AED units, turn the selector switch to **ON** and select Manual mode.)		
9.2	Select lead I, size 3x. Select 60Hz (or 50 Hz for a 50Hz unit) on the QED 6 Defibrillator Analyzer.		
9.3	Press **RECORDER** button.	Verify that the waveform amplitude on the strip chart is less than 1.5 mm.	o o o
9.4	Press **RECORDER** button to stop printing.		
Record your results on the Maintenance Tests Checklist.			

10.0 Heart Rate Alarm Test

Tools Needed: QED 6 Defibrillator Analyzer

	Do this...	Verify that...	Pass Fail/NA
10.1	Turn the selector switch to **MONITOR** mode. (For AED units, turn the selector switch to **ON** and select Manual mode.) Connect the ECG leads to the QED 6 Defibrillator Analyzer. Set the QED 6 Analyzer to 120 BPM and the defibrillator to lead II.	The monitor screen displays the *Lead II* message and the waveform for NSR ECG at 120 BPM +/- 2 .	o o o
10.2	Press **ALARMS** button.	The monitor displays the alarm menu.	o o o
10.3	Press **SELECT PARAM** softkey until ECG HR displays.	The cursor scrolls through parameters.	o o o
10.4	Press **INC>** for state.	The cursor scrolls through ENABLE, AUTO and DISABLE.	o o o
10.5	Press **DEC>**for state.	The cursor scrolls through ENABLE, DISABLE, AND AUTO.	o o o
10.6	Press **INC**> until ENABLE displays.	ENABLE appears.	o o o
10.7	Press **ENTER** softkey, then press the **NEXT FIELD** softkey to select the heart rate limit.	The cursor scrolls to Low field. Press RETURN softkey to exit out of Alarm Menu.	o o o
10.8	Press **ALARM SUSPEND** button.	No alarm sounds.	o o o
10.9	Remove an ECG lead wire from the QED 6 analyzer.	The alarm symbol flashes and the heart symbol stops flashing. The ECG LEAD OFF alarm tone sounds. Recorder prints a stripchart showing a low heart rate, if enabled.	o o o
10.10	Reattach ECG Lead wire to the QED 6 Analyzer and hold the **ALARM SUSPEND** button on unit for 4 seconds.	The unit displays the alarm symbol with an “X” through it. The heart symbol flashes with each QRS wave.	o o o
10.11	Press the **ALARM SUSPEND** button to enable the alarms.	The alarm symbol does not have an “X” through it.	o o o
10.12	Set QED 6 Analyzer to 160 BPM or higher.	The Heart Rate Value is highlighted, the alarm tone sounds, and the alarm and the heart symbol both flash.	o o o

	Do this...	Verify that...	Pass Fail/NA
10.13	Press the **ALARM SUSPEND** button on the M Series unit.	The alarm is suspended for 90 seconds. The unit displays the alarm symbol with an “X” through it, and the heart symbol flashes with each QRS wave. Note: Software version 35.00-36.XX (CCT versions 51.00-55.XX,) the alarm is suspended until the alarm button is press again, or the fault is cleared.	o o o
10.14	Press and hold **ALARM SUSPEND** for 4 seconds to disable alarms.		o o o
Record your results on the Maintenance Tests Checklist.			

11.0 Defibrillator Self Test

WARNING!
SHOCK HAZARD!

TAKE THE NECESSARY PRECAUTIONS TO GUARD AGAINST SHOCK OR INJURY BEFORE YOU START CONDUCTING THE DEFIBRILLATOR TESTS.

Keep hands and all other objects clear of the multi-function cable connections and defibrillator analyzer when discharging the defibrillator.

Before you discharge the defibrillator, warn everyone near the equipment to STAND CLEAR.

Caution	Do NOT internally discharge the unit more than 3 times in 1 minute. Note that the rapid repetition of internal discharges at more than 30 Joules may damage the unit.

Tools Needed:

- MFC Test Port Connector 1004-0149 with universal cable.
- MFC Test Adaptor Connector (Fluke Biomedical Part Number 3010-0378 or equivalent).
- QED 6 Defibrillator Analyzer.
- ECG Cable.
- Stop watch.

Test Setup:

Ensure the unit is turned off

Ensure the ECG cable is connected to the unit and analyzer.

Note: The universal cable should not be connected to any equipment at the beginning of this test.

	Do this...	Verify that...	Pass/Fail
11.1	Turn the selector switch to **DEFIB** mode. (For AED units, turn the selector switch to **ON** and select Manual mode.) Set leads to PADS.	*The unit displays the CHECK PADS/POOR PAD CONTACT* message.	o o
11.2	Connect the universal cable to the MFC test port.	*DEFIB PAD SHORT* message displays.	o o
11.3	Select energy level of 100J and press the **CHARGE** button.	The charge time is greater than 2 seconds and less than 10 seconds and the unit displays the message, *SELECT 30J FOR TEST.*	o o
11.4	Press the **SHOCK** button.	The unit does not discharge. The unit displays the message, *DEFIB PAD SHORT.*	o o
11.5	Set energy level to 30J.	The unit discharges internally.	o o
11.6	Press the **CHARGE** button.	The unit charges to 30J and displays message, *DEFIB 30J READY.* The charge ready tone sounds.	o o
11.7	Press and hold **SHOCK** button.	The unit discharges and displays the number of joules delivered and the *TEST OK* message. For example, the message at the top of the printed strip chart would read as follows: Biphasic Units: 30 JOULES TEST OK. TEST_CUR=10-14A DEFIB_IMPED=0. Monophasic Units: 30 JOULES TEST OK, 37-47A, JOULES DEL=30, IMPED=0 The impedance value may range from 0 to 5 ohms. If configured, the recorder prints a strip chart.	o o
Record your results on the Maintenance Tests Checklist.			

12.0 Synchronized Cardioversion Test

Tools Needed: QED 6 Defibrillator Analyzer.

Test Setup:

1. Connect the universal cable via the adapter (D.N.I #3010-0378) to the defibrillator analyzer.
2. Set ECG on analyzer to 60 -120 BPM.

	Do this...	Verify that...	Pass/Fail
12.1	Press **LEAD** button to select **PADS** and Size X1.		
12.2	Press the **SYNC** softkey on the defibrillator. Enter synchronized cardioversion timing test mode on the defibrillator analyzer.	Sync markers appear on display. **Note:** Sync markers display on the monitor. The sync marker appears as a down arrow over the ECG R-wave peaks on strip chart and display.	o o
12.3	Select 200J (360J for Monophasic units), and then press the **CHARGE** button. When the **SHOCK** button lights, press and hold the **SHOCK** button.	On the analyzer display, the R-wave to shock delay is less than60 milliseconds.	o o
Record your results on the Maintenance Tests Checklist.			

13.0 Shock Test

Tools Needed: QED 6 Defibrillator Analyzer, Stop Watch.

Test Setup:

Connect the universal cable via the adapter (D.N.I #3010-0378) to the defibrillator analyzer.

Ensure that a fully charged battery is installed in the unit.

Note: If your E Series AED does not have manual override capability, do not perform this test.

	Do this...	Verify that...	Pass/Fail/NA
13.1	Turn the selector switch to **DEFIB** mode. (For AED units, turn the selector switch to **ON** and select Manual mode.)		
13.2	Press the **ENERGY SELECT** down arrow until 5J displays.	The unit displays *DEFIB 5J SEL*.	o o o
13.3	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays *DEFIB 5J RDY*.	o o o
13.4	Press the **SHOCK** button.	The unit discharges 3J-6J into the simulator. **Note:** The displayed rhythm may change shape for 30 seconds before it returns to an original rhythm. This is caused by the operation of the adaptive bandwidth defibrillator recovery circuit.)	o o o
13.5	Press the **ENERGY SELECT** up arrow until the unit displays *50J*.	The unit displays the message, *DEFIB 50J SEL.*	o o o
13.6	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays the message, *DEFIB 50J RDY.*	o o o
13.7	Press the **SHOCK** button.	The unit discharges 41J-55J (monophasic 43J-57J) into the simulator.	o o o
13.8	Press the **ENERGY SELECT** up arrow until the unit displays *100J*.	The unit displays the message, *DEFIB 100J SEL.*	o o o
13.9	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays the message, *DEFIB 100J RDY.*	o o o

	Do this...	Verify that...	Pass/Fail/NA
13.10	Press the **SHOCK** button.	The unit discharges 83J-122J (monophasic 85J-115J) into the simulator.	o o o
13.11	Press the **ENERGY SELECT** up arrow until the unit displays *200J*.	The unit displays the message, *DEFIB 200J SEL*.	o o o
13.12	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays the message, *DEFIB 200J RDY*.	o o o
13.13	Press the **SHOCK** button.	The unit discharges 182J-247J (monophasic 170J-230J) into the simulator.	o o o
13.14	(Monophasic Units) Press the **ENERGY SELECT** up arrow unit the unit displays 300J.	The unit displays the message, DEFIB 300J SEL.	o o o
13.15	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays the message, DEFIB 300J RDY.	o o o
13.16	Press the **SHOCK** button.	The unit discharges 255J-345J into the simulator.	o o o
13.17	(Monophasic Units) Press the **ENERGY SELECT** up arrow unit the unit displays 360J.	The unit displays the message, DEFIB 360J SEL.	o o o
13.18	Press the **CHARGE** button. Wait for the **SHOCK** button to illuminate.	The unit displays the message, DEFIB 360J RDY.	o o o
13.19	Press the **SHOCK** button.	The unit discharges 306J-414J into the simulator.	o o o
13.20	(Biphasic Units) Press the **CHARGE** button and start timing with a stopwatch. Stop timing when the **SHOCK** button lights.	The charge time is between 3-6 seconds.	o o o
13.21	Press the **SHOCK** button.	On the strip chart, the Patient Current is between 20-24 Amps, and the Defib Impedance is between 46-54 Ohms. Note: This will occur if configured to Auto-Generate Strips on event.	o o o
13.22	(Monophasic Units) Press the **CHARGE** button and start timing with a stopwatch. Stop timing when the **SHOCK** button illuminates.	The charge time is between 4-8 seconds.	o o o

	Do this...	Verify that...	Pass/Fail/NA
13.23	Press the **SHOCK** button.	On the strip chart, the Patient Current is between 20-24 Amps, and the Defib Impedance is between 46-54 Ohms. Note: This will occur if configured to Auto-Generate Strips on event.	o o o
13.24	(AED units only.) Disconnect the universal cable from the analyzer.	The unit will display *CHECK PADS*, and give an audio prompt.if configured for audio.	o o o
Record your results on the Maintenance Tests Checklist.			

14.0 Summary Report Test

Tools Needed: QED 6 Defibrillator Analyzer.

Test Setup:

Connect the universal cable to the QED 6 analyzer.

If you are using paddles, place the paddles on the analyzer's discharge plates.

	Do this...	Verify that...	Pass/Fail
14.1	Press and hold the **SUMMARY** softkey for 4 to 8 seconds to display erase options. Press the **ERASE SUMMARY** softkey to erase any previously stored data.	The unit displays the message, *ERASING REPORT*.	o o
14.2	Set selector switch to **DEFIB**. Select 200J (360J for Monophasic) using the **ENERGY SELECT** button, and press the **CHARGE** button. When charged, press the **SHOCK** button to discharge into the defibrillator analyzer.	The unit successfully discharges and prints a strip chart.	o o
14.3	Wait 18 seconds, then press the **Code Marker** softkey. Press the **CPR** softkey.	The Code Markers appear.	o o
14.4	Turn the unit off. Wait 10 seconds and then turn the unit on. Press the **SUMMARY** softkey, then press the **PRINT CHART** softkey, then press PRINT ALL.	The summary report prints. The report displays the correct date, time, 1 shock delivered and Code Marker event.	o o
Record your results on the Maintenance Tests Checklist.			

15.0 Advisory Message Test

Tools Needed: QED 6 Defibrillator Analyzer.

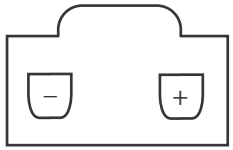
Test Setup:

1. Connect the universal cable via the adapter (D.N.I #3010-0378).
2. Attach the M Series to the QED 6 Defibrillator Analyzer.

	Do this...	Verify that...	Pass/Fail
15.1	Turn the selector switch to **DEFIB** mode. (For AED units, turn the selector switch to **ON**.)		
15.2	Select VF (ventricular fibrillation) on the QED 6, then press the **ANALYZE** button.	The unit displays the following messages: *ANALYZING ECG*. *STAND CLEAR*.* *SHOCK ADVISED*.* *PRESS SHOCK*.*+ *AED's audio prompts are standard. Advisory audio prompts are user configurable. +If configured for auto charge.	o o
15.3	Press the **SHOCK** button.	The unit discharges.	o o
15.4	Select the **NSR** (normal sinus rhythm) on the simulator, then press the **ANALYZE** button.	The unit displays the following messages: *ANALYZING ECG*. *STAND CLEAR*.* *NO SHOCK ADVISED*.* *AED's audio prompts are standard.	o o
Record your results on the Maintenance Tests Checklist.			

16.0 Pacer Test

Tools Needed: QED 6 Defibrillator Analyzer.



Note: The following tests are to be performed only on M Series units equipped with the optional pacing function.

The pacer output can be measured using an oscilloscope set to DC coupling connected across a load resistor. (See diagram in column for universal cable connector polarity.) The load resistor is a 100 ohm, 5 watt or greater. The pacer output is a positive going pulse, 40 +/- 2 ms duration with an amplitude of 0.1 volt per milliamp of selected output (e.g., 40 milliamps of selected output has an amplitude of 4 +/- 0.5 volts the specified tolerance displayed on the oscilloscope).

If an external non-invasive pacer analyzer is being used, then follow the manufacturer's guidelines for measuring the frequency (ppm), output (mA) and the pulse width measured in milliseconds. Note that the analyzer pace load resistor must be less than 250 ohms.

Test Setup:

Connect the universal cable from the M Series to the QED 6 Defibrillator Analyzer.

	Do this...	**Verify that...**	**Pass/Fail**
16.1	Turn the Main Selector knob of the unit to Pacer Mode.Set the **PACER OUTPUT** to 14 mA and disconnect MFC connector from the QED 6 analyzer.	The unit displays the *CHECK PADS* and *POOR PAD CONTACT* messages displays, and the pace alarm is active.	o o
16.2	Reconnect the universal cable to the QED 6 analyzer. Press **Clear Pace Alarm** softkey.	*CHECK PADS* and *POOR PAD CONTACT* message disappears. The pace alarm is cleared.	o o
16.3	Set output to 0mA,rate to 180 ppm.	No output appears on the QED 6 analyzer.	o o
16.4	Increase the output to 40mA.	Output on the QED 6 analyzer is 40mA +/- 5mA.	o o
16.5	Increase the output to 120mA.	Output on the QED 6 analyzer is 120mA +/- 6mA.	o o

	Do this...	Verify that...	Pass/Fail
16.6	Increase the output to 140mA.	Output on the QED 6 analyzer is 140mA +/- 7 mA.	o o
16.7	Check the pulse width.	Pulse width is 40mS +/-2mS.	o o
16.8	Decrease the output to 60mA. Decrease the rate to 30ppm.	Pacer rate on QED 6 analyzer is 29-31 ppm.	o o
16.9	Increase the rate to 180ppm.	Pacer rate on QED 6 analyzer is 177-183 ppm.	o o
16.10	Connect the ECG cable to the M Series and QED 6 analyzer. Select the ECG at 58 BPM on the QED 6 analyzer.	The unit displays ECG at 60 BPM with no stimulus markers.	o o
16.11	Press the **Async** Pace softkey.	The unit displays ECG at 60 BPM with stimulus markers, and displays the *Async pace* message.	o o
16.12	Turn off the QED 6 analyzer. Set Pacer Rate to 100ppm. Press the **RECORDER ON** button.	The unit displays pace stimulus markers every 15mm +/-1mm.	o o
16.13	Press and hold 4:1 button.	The unit displays pace stimulus markers every 60 mm+/- 1.5 mm.	
Record your results on the Maintenance Tests Checklist.			

17.0 SpO_2 Monitor Test

Tools Needed:

- Masimo® Reusable Sensor.
- Masimo® Patient Cable
- Fluke Index Series 2 SpO_2 Simulator.

Test Setup:

Connect the universal cable to the MFC test plug.

DO NOT connect the ECG cable to the simulator.

Connect the Masimo® Patient Cable and attach the Masimo® sensor to the patient cable.

Connect the Masimo® sensor to the finger simulation post.

Place a fully charged battery into the battery well or connect to ac power (dc power, if equipped).

Ensure that the SpO_2 Simulator is off.

	Do this...	**Verify that...**	**Pass/Fail**
17.1	Turn the selector switch to **MONITOR**. (For AED units, turn the selector switch to **ON** and select Manual mode.)	The SpO_2 saturation percentage appears as a dashed line on the monitor.	o o
17.2	Wait ten seconds. Turn on the SpO_2 simulator. Press the **SIM** softkey on the Index SpO_2 Simulator, then press the **MAN** softkey.	The unit displays the *SpO_2 PULSE SEARCH* message.	o o
17.3	Press the **02+** or **02-** softkey of the simulator until the SpO_2 output is at 98%.	The SpO_2 reading of 98 +/- 1% appears on the M Series monitor. **Note:** You may need to wait up to 2 minutes for the information to appear on the ZOLL display.	o o

	Do this...	Verify that...	Pass/Fail
17.4	Using the Index SpO_2 Simulator, press the **BPM+** or **BPM-** softkey until the heart rate is 230 BPM.	The SpO_2 simulator screen displays an SpO_2 rate of 230 BPM. Note that you may need to wait up to 2 minutes for the information to appear on the ZOLL display. The M Series monitor displays an SpO_2 saturation of 96-100%. The M Series monitor displays a heart rate of 226-234 BPM.	o o
17.5	Using the Index SpO_2 Simulator, press the **BPM-** softkey until the heart rate is 50 BPM.	The SpO_2 simulator screen displays an SpO_2 saturation of 96-100%. The M Series monitor displays a heart rate of 46-54 BPM.	o o o o
17.6	Using the Index SpO_2 Simulator, press the **02+** softkey until the SpO_2 output is at 72%.	The SpO_2 simulator screen displays an SpO_2 saturation of 70-74%. The M Series monitor displays a heart rate of 46-54 BPM.	o o o o
17.7	Press **Wave 2** softkey. Select the SpO_2 waveform. For CCT units: Press the **Traces** softkey, and then select **SET TRACE 2**, and press **Enter. Select** SPO_2**, press Enter.**	Plethysmographic waveform appears on the ZOLL display.	o o
17.8	Press **RECORDER**.	The plethysmographic waveform prints on the strip chart paper.	o o
17.9	Using the Index SpO_2 Simulator, press the **BPM-** softkey until the heart rate is at 230 BPM.	The SpO_2 simulator screen displays an SpO_2 saturation rate of 70-74%. The M Series monitor displays a heart rate in the heart position of 226-234 BPM.	o o
17.10	Remove the Masimo® patient cable.		
Record your results on the Maintenance Tests Checklist.			

18.0 $EtCO_2$ Monitor Test

Tools Needed: Novametrix Capnostat Simulator Tb 1265/7100.

Test Setup:

Install the battery

On the Novatrix Simulator, set the following

Set inspired CO_2 to OFF

Set% CO_2 to 0

Set Sensor Location to ZERO CELL

Set Source Current to NORMAL

Set CO_2 mode to CONTINUOUS. Set Temperature to NORMAL

Attach simulator to the unit.

	Do this...	Verify that...	Pass/Fail
18.1	Turn the selector switch to MONITOR mode (For AED units, turn the selector switch to ON, and select Manual mode.) Attach the $EtCO_2$ simulator to the M Series input connection.	CO_2 SENSO WARMUP message displays. Note: You may need to wait up to 5 minutes for the warm-up message to disappear.	
18.2	Perform manual zeroing. Press PARAM softkey, select $EtCO_2$, press ENTER, and then press ZERO softkey, then Enter.	Verify “ZEROING CO2” Adapter” is displayed, then changes to “ZERO DONE” when complete.	o o
18.3	On the Novametrix SImulator, set SENSOR LOCATION to AA CELL, set% CO_2 to 10% CO_2 mode to RESPIRATION.	Verify the $EtCO_2$ reading of 74-84mmHg appears on the M Series display. Note that you may need to wait up to 10 seconds for the unit to stabilize.	o o
18.4	On the Novametrix simulator, set% CO_2 to 5%.	The $EtCO_2$ reading of 34-42mmHg displays on the M Series monitor. The Respiration Rate (RR) of 22-24 displays on the M Series monitor. Note that you may need to wait up to 10 seconds for the unit to stabilize.	o o

	Do this...	Verify that...	Pass/Fail
18.5	Press WAVE 2 softkey For CCT units: Press the **Trace** softkey, select **SET TRACE 2**, and press **Enter**. Select $EtCO_2$, press **Enter.**	Verify the $EtCO_2$ waveform displays.	o o
18.6	Press the RECORDER button.	Verify the $EtCO_2$ waveform prints Note that the CO_2 waveform is displayed and printed at 25 millimeters per second scale.	o o
Record your results on the Maintenance Tests Checklist.			

19.0 Temperature Test

Tools Needed: IBP Temp Simulator 9100-0402-TF (or equivalent[1])

Test Setup: None

	Do this...	Verify that...	Pass/Fail
19.1	Connect the 2-channel Y adapter to the temperature connector (T1/T2) on the M Series CCT Unit.		
19.2	Connect the Temperature Probe Simulator cables to the 2-channel Y adapter.		
19.3	On the Temperature Simulator, set the T1 temperature channel to 59.2 degrees F(15 degrees C).	Verify that the value displayed for the T1 temperature channel between 59.0 degrees to 59.4 degrees F (14.9 to 15.1 degrees C).	o o o
19.4	On the Temperature Simulator, set the T1 temperature channel to 112.8 degrees F (45 degrees C).	Verify that the value displayed for the T1 temperature channel between 112.6 degrees to 113 degrees F (44.9 to 45.1 degrees C).	o o o
19.5	On the Temperature Simulator, set the T2 temperature channel to 59.2 degrees F(15 degrees C).	Verify that the value displayed for the T2 temperature channel between 59.0 degrees to 59.4 degrees F(14.9 to 15.1 degrees C).	o o o
19.6	On the Temperature Simulator, set the T2 temperature channel to 112.8 degrees F (45 degrees C).	Verify that the value displayed for the T2 temperature channel between 112.6 degrees to 113 degrees F (44.9 to 45.1 degrees C).	o o o
Record your results on the Maintenance Tests Checklist.			

1. If you are using a Temperature Simulator that does have the same setting above, use the closest value available. Verify the display temperature value is within 0.2 F or 0.1 C of the simulator setting

20.0 IBP Monitoring Test

Tools Needed: DNI Nevada 214B Patient Simulator with M Series interface cables, FOGG Transducer Simulator

Test Setup:

Set the BP output sensitivity scale to 5 uV/V/mmHg on the Patient Simulator

Connect the Patient Simulator to the IBP connector on the M Series CCT unit

	Do this...	Verify that...	Pass/Fail
20.1	Set the selector switch on the M Series CCT unit to MONITOR and press the PARAM softkey on the front panel to display the Parameters menu.	Verify the parameter menu displayed.	o o o
20.2	Select the IBP option and press the Enter softkey.	Verify the unit displays the IBP menu.	o o o
20.3	Press the Label softkey to display the IBP Label menu.	Verify the unit displays the IBP label menu.	o o o
20.4	Select the Label P1 option and press the Enter softkey.	Verify the M Series CCT unit displays the Label Options menu.	o o o
20.5	Select the P1 option and press the Enter softkey.	Verify the unit assigns the P1 label to the first pressure channel (P1) and returns to the IBP menu.	o o o
20.6	Press the Label softkey to display the IBP Label menu.	Verify the unit displays the IBP Label menu.	o o o
20.7	Select the Label P2 option and press the Enter softkey.	Verify the M Series CCT unit display the Label Options menu.	o o o
20.8	Select the ART option and press the Enter sofkey.	Verify the unit assigns the ART label to the second pressure channel (P2) and return to the IBP menu. Verify that the M Series CCT unit displays advisory messages to zero the pressure channels.	o o o o o o

	Do this...	Verify that...	Pass/Fail
20.9	On the Patient Simulator, set BP channel 1 to an atmospheric pressure of 0 mmHg (waveform 10) and press EXECUTE. Set BP channel 2 to duplicate BP channel 1 (waveform 22) and press EXECUTE.		
20.10	On the unit go to the IBP menu (press the Param softkey and select the IBP option), then press the Zero softkey to display the Zero menu, select the Zero Both option and press the Enter softkey.	Verify the unit zeroes both pressure channels and displays the P1 ZEROED and P2 ZEROED messages within 15 seconds. Verify that the values displayed for the P1 and ART pressure channels are accurate within ±3 mmHg of atmospheric pressure (that is, 0 mmHg): systolic pressure: -3 to 3 mmHg diastolic pressure: -3 to 3 mmHg mean pressure: -3 to 3 mmHg Note: The unit displays pressure values for each pressure channel within 15 seconds.	o o o o o o
20.11	On the Patient Simulator, set to an arterial pressure of 120/80 mmHg (waveform 00) and press EXECUTE.	Verify the values displayed for the P1 and ART pressure channels: systolic pressure: 116 - 124 mmHg diastolic pressure: 77 - 83 mmHg mean pressure: 90 - 98 mmHg Note: The unit displays pressure values for each pressure channel within 15 seconds.	o o o
20.12	Zero the IBP channels (see step 20.9).		
20.13	Press the Traces softkey.	Verify the unit displays the Traces menu.	o o o
20.14	Select the Set Trace 2 option and press the Enter softkey.	Verify the M Series CCT unit displays the Trace Options menu.	o o o

	Do this...	Verify that...	Pass/Fail
20.15	Verify the M Series CCT unit displays the Trace Options menu.	Verify the unit assigns the P1 waveform to the second trace display area and returns to the main menu.	o o o
20.16	Press the Traces softkey.	Verify the unit displays the Traces menu.	o o o
20.17	Select the Set Trace 3 option and press the Enter softkey.	Verify the unit displays the Trace Options menu.	o o o
20.18	Select the ART option and press the Enter softkey.	Verify the unit assigns the ART waveform to the third trace display area and returns to the main menu.	o o o
20.19	Go to the IBP menu (press the Param softkey and select the IBP option).	Verify the unit displays the IBP menu.	o o o
20.20	Press the Range softkey.	Verify the unit displays the IBP Range menu.	o o o
20.21	Select the P1 Range option and press the Enter softkey.	Verify the unit displays the Range Options menu.	o o o
20.22	Select the 0-30 mmHg option and press the Enter softkey.	Verify the unit displays the P1 waveform on a 0-30 mmHg scale and returns to the IBP menu.	o o o
20.23	Press the Range softkey.	Verify the unit displays the IBP Range menu.	o o o
20.24	Select the ART option and press the Enter softkey.	Verify the unit displays the Range Options menu.	o o o
20.25	Select the 0-30 mmHg option and press the Enter softkey.	Verify the unit displays the ART waveform on a 0-30 mmHg scale and returns to the IBP menu.	o o o
20.26	On the Patient Simulator, set BP channel 1 to a static pressure of 20 mmHg (waveform 11) and press EXECUTE.		
20.27	Press the RECORDER button.	Verify that there is no deviation from the baseline greater than 1 mm for the waveforms printed on stripchart and the unit displays the waveforms for 20mmHg on the monitor screen, and prints a stripchart of the traces.	o o o

	Do this...	Verify that...	Pass/Fail
20.28	Set the input and output resistance to 350 ohms on the Transducer Simulator, and set the gain to x10. Connect the Transducer Simulator cable to the P1 connector on the unit and on the Pressure Transducer Simulator, set the pressure polarity to positive, and select a pressure of 200 mmHg.		
20.29	Zero pressure channel 1. (see step 20.9).	Verify the unit calibrates pressure channel 1 against a positive pressure of 200 mmHg and displays the P1 ZEROED message.	o o o
20.30	On the Pressure Transducer Simulator, set the pressure polarity to positive, and select a pressure of 500 mmHg.	Verify that the value displayed for the P1 pressure channel is in the range of 291 - 300 mmHg. (Note: value will be displayed within 15 seconds.)	o o o
20.31	Connect the simulator cable to the P2 connector on the unit. On the Pressure Transducer Simulator, set the pressure polarity to positive, and select a pressure of 200 mmHg.		
20.32	Zero ART channel.	Verify the unit calibrates pressure channel 1 against a positive pressure of 200 mmHg and displays the ART ZEROED message.	o o o
20.33	On the Pressure Transducer Simulator, set the pressure polarity to positive, and select a pressure of 500 mmHg.	On the unit, verify that the value displayed for the ART P2 pressure channel is in the range of 291 - 300 mmHg. (Note: value will be displayed within 15 seconds.)	o o o
20.34	Connect the Pressure Transducer Simulator to the first IBP channel connector (P1). On the Pressure Transducer Simulator, set the pressure polarity to negative, and select a pressure of -200 mmHg.		
20.35	Zero the pressure channel.	The unit calibrates the pressure channel against a negative pressure of -200 mmHg and displays the P1 ZEROED message.	o o o
20.36	On the Pressure Transducer Simulator, select a negative pressure of -250 mmHg.	On the unit, verify that the value displayed for the P1 pressure channel is in the range of -47 to -50 mmHg. (Note: value will be displayed within 15 seconds.)	o o o

	Do this...	Verify that...	Pass/Fail
20.37	Connect the Pressure Transducer Simulator to the second IBP channel connector (P2). On the Pressure Transducer Simulator, set the pressure polarity to negative, and select a pressure of -200 mmHg.		
20.38	Zero the pressure channel.	The M Series CCT unit calibrates the pressure channel against a negative pressure of -200 mmHg and displays the P2 ZEROED message.	o o o
20.39	On the Pressure Transducer Simulator, select a negative pressure of -250 mmHg.	Verify that the value displayed for the P2 pressure channel is in the range of -47 to -50 mmHg. Note: Value will be displayed within 15 seconds.	o o o
Record your results on the Maintenance Tests Checklist.			

21.0 NIBP Volume Leak Test with Fluke Biomedical NIBP Analyzer

The volume leak test verifies the integrity of the pneumatic system on the NIBP module. This test is optional at 6 months, but should be performed annually or every 10,000 readings, whichever comes first.

Tools Needed: Fluke NIBP simulator (the values and procedure that we provide are specific to the BP Pump 2).

Test Setup:

Connect the Analyzer's simulator hose to the NIBP connector on the E Series unit.

Configure the NIBP Analyzer for the volume leak test. For example, on the Fluke Biomedical BP Pump:

Press the **Cuff** softkey for volume cuff test.

Verify the cuff is set to **External**

Make sure the ECG cable is not connected to the E Series unit.

If the SpO_2 option is installed, make sure that the Masimo cable is NOT connected to the E Series unit.

	Do this...	**Verify that...**	**Pass/Fail**
21.1	Turn the Selector Switch to **OFF**. After 10 seconds, press and hold the fourth softkey from the left and turn the Selector Switch to **MONITOR** (For AED units, turn the selector switch to **ON**).	The M Series unit powers on in the NIBP Service Mode.	o o o
21.2	Press the **Leak Test** softkey.	The M Series unit displays the NIBP Leak Test Screen.	o o o
21.3	*On the NIBP simulator,* set the pressure parameter to 200 mmHg.	The NIBP simulator displays a pressure reading of 200 mmHg.	o o o
21.4	*On the M Series unit*, press the **Close Valves** softkey.	The Valves status changes from **OPEN** to **CLOSED**.	o o o

	Do this...	Verify that...	Pass/Fail
21.5	*P*ress the **START TEST** softkey within 30 seconds after closing the valve. **Note:** This test takes approximately 3 minutes.	After approximately 1 minutes, a number appears in the upper middle area of the NIBP simulator display. If the simulator: • Displays a Volume Leak reading <5,[5] then the M Series unit has passed the test. • Displays a Volume Leak reading >5,[6] then the M Series unit has failed the test. • Displays no Volume Leak reading, but maintains a stable pressure reading at or above 200 mmHg, then the M Series unit has passed the test; there is no volume leak. In addition, the M Series unit displays the simulator's pressure reading in the "Cuff Pressure" field. After approximately 3 minutes, the valves open on the M Series unit.	o o o
21.6	*On the NIBP Analyzer*, press the **STOP TEST** softkey.	The NIBP simulator terminates the Volume Leak Test.	o o o
21.7	*On the M Series unit*, press the **EXIT** softkey twice.	The M Series unit returns to the main NIBP Service Mode screen, then to normal Monitor mode operation.	o o o
Record your results on the Maintenance Tests Checklist.			

[5] If you are using the Fluke® BiomedicalCuftlInk Simulator, the volume leak reading should be <10.
[6] If you are using the Fluke® BiomedicalCuftlInk Simulator, the volume leak reading for a failure should be >10.

22.0 NIBP Transducer Calibration Test

The NIBP module's pressure transducers are factory-calibrated prior to shipment. However, you can perform a two-point calibration procedure periodically to ensure accurate pressure measurements.

This procedure is optional at 6 months, but should be performed annually or every 10,000 readings, whichever comes first.

Tools Needed: Fluke NIBP simulator (the values and procedure that we provide are specific to the BP Pump 2).

Test Setup:

Connect the Analyzer's simulator hose to the NIBP connector on the E Series unit.

Configure the NIBP Analyzer to simulate cuff pressure. For example, on the Fluke Biomedical BP Pump 2:

Press the **Home** button, then the **Pressure Tests** button, and then the **Static Pressure** button.

These instructions apply to the Fluke Biomedical BP Pump; for equivalent devices, follow the manufacturer's instructions.

Make sure the ECG cable is not connected to the E Series unit.

If the SpO_2 option is installed, make sure that the Masimo cable is NOT connected to the E Series unit.

	Do this...	**Verify that...**	**Pass/Fail**
22.1	Turn the Selector Switch to **OFF**. After 10 seconds, press and hold the fourth softkey from the left and turn the Selector Switch to **MONITOR** (for AED units, turn the Selector switch to **ON**). .	The M Series unit powers on in the NIBP Service Mode.	o o o
22.2	Press the **NIBP Calib** softkey.	The M Series unit displays the NIBP Transducer Calibration Screen.	o o o
22.3	*On the NIBP simulator* set the pressure parameter to 0 mmHg.	The NIBP Simulator displays a pressure reading of 0 mmHg.	o o o
22.4	*On the M Series unit*, press the **Set Low** softkey to calibrate the transducer to a 0 mmHg pressure reading.	The NIBP pressure transducer registers its voltage output at a known pressure of 0 mmHg. The field adjacent to the 0 mmHg value changes to PASS. **Note:** If the M Series unit displays a FAIL reading, verify the NIBP simulator's pressure setting and connection to the M Series and repeat the step.	o o o

	Do this...	Verify that...	Pass/Fail
22.5	*On the NIBP Simulator,* set the pressure parameter to 250 mmHg, and then press **Start** on the NIBP simulator.	The NIBP Simulator displays a pressure reading of 250 mmHg.	o o o
22.6	*On the M Series unit*, press the **Set High** softkey to calibrate the transducer to a 250 mmHg pressure reading.	The NIBP pressure transducer registers its voltage output at a known pressure of 250 mmHg. The field adjacent to the 250 mmHg value changes to PASS. **Note:** If the M Series unit displays a FAIL reading, verify the NIBP Analyzer's pressure setting and connection to the M Series and repeat the step.	o o o
22.7	*On the NIBP simulator,* set the pressure parameter to stimulate a different cuff pressure (for example, 205 mmHg).	The NIBP simulator displays the specified pressure reading.	o o o
22.8	*On the M Series unit*, press the **Read Cuff** softkey when the simulator's Measured screen reaches 205.	The value that the M Series unit displays is accurate within +/- 3mmHg of the pressure parameter value set on the NIBP simulator.	o o o
22.9	*On the M Series unit*, press the **EXIT** softkey twice.	The M Series returns to the main NIBP Service Mode screen, then to normal Monitor mode operation.	o o o
Record your results on the Maintenance Tests Checklist.			

Warning! NIBP transducer calibration can affect clinical readings of the NIBP parameter. Ensure that the NIBP Transducer Calibration procedure is performed correctly, followed by an NIBP Monitor Test for verify proper operation.

23.0 NIBP Monitor Test

The NIBP monitor test verifies the repeatability of the systolic, diastolic, and mean blood pressure measurements, as well as the patient pulse rate calculation.

Tools Needed: Fluke NIBP simulator (the values and procedure that we provide are specific to the BP Pump 2).

Note: The primary propose of an NIBP simulator is to reproduce a pressure profile similar to a live patient to be used for testing the repeatability and functionality of the system. There are many different NIBP simulators on the market, each manufacturer uses a different method to develop their algorithm. Consequently, readings from different simulators may vary. To test for repeatability, you should first establish the offset[1] of your simulator. The offset value should then be used to determine the expected values. NIBP simulators cannot be used as a source for testing the accuracy of the non-invasive blood pressure measurements of devices such as the ZOLL M Series monitor/defibrillator.

Test Setup:

Connect the Analyzer's simulator hose to the NIBP connector on the M Series unit.

Set the following parameters on the NIBP Analyzer:[2]

Parameter	Value
Systolic pressure	120 mmHg
Diastolic pressure	80 mmHg
Mean pressure	93 mmHg[3]
Heart pressure	80 bpm

Make sure the ECG cable is not connected to the M Series unit.

If the SpO_2 option is installed, make sure that the Masimo cable is NOT connected to the M Series unit.

[1] NIBP Simulators may produce a reading on the NIBP monitor that is shifted from the simulator's setting. The offset value must be established based on a statistical sample of monitors and readings. Please contact ZOLL Technical Support if you require assistance establishing the offset of the simulator and test set-up that you are utilizing.

[2] If you are using the Fluke® BiomedicalCuftlink, you must change the shift value of the Blood Pressure Envelope to +3 on the Pressure Curve Adjust Menu.

[3] Not all simulators have a setting of 93mmHg. Check the simulators user's manual for recommendations.

	Do this...	Verify that...	Pass/Fail
23.1	Turn the selector switch to **MONITOR** mode. (For AED units, turn the selector switch to **ON** and select Manual mode.)		
23.2	Ensure that the LEADS parameters is set to PADS (default). If necessary, press the **LEADS** button to cycle through the values to select PADS.	The M Series unit displays *PADS* in the Lead selection field on the monitor.	o o o
23.3	Press the **NIBP** button on the M Series front panel.	The M Series displays the following measurements: • Systolic pressure (115 - 125 mmHg) • Diastolic pressure (75 - 85 mmHg) • Mean pressure (88 - 98 mmHg).	o o o
23.4	Press the **SUMMARY** softkey, then press the **TREND** softkey, followed by the **NIBP Trend** softkey.	The M Series unit displays a summary of the NIBP measurements, including the pulse rate reading (in the range of 77 - 83 bpm). Note: Trend report available in software version >=30.0	o o o
Record your results on the Maintenance Tests Checklist.			

[4] These values only apply for test set-ups utilizing the BP Pump 2 Simulator. Variations of the test set-up or different simulators may produce readings outside the provided values and will require end-user facility to establish the appropriate offset and tolerances. Please contact ZOLL Technical Support if you require assistance establishing the offset of your simulator and test set-up.

24.0 Bluetooth Test

Tools Needed: USB Bluetooth dongle with driver CD. Bluetooth application software BlueSoleil.

Test Setup:

Verify that the M Series unit is configured as follows: Bluetooth -- INSTALLED; Bluetooth Baud Rate -- 115200.

	Do this...	Verify that...	Pass/Fail
24.1	Power up the M Series unit while pressing in and holding the left-most softkey.	The M Series unit displays the System Utilities Menu.	o o o
24.2	Insert a PCMCIA card containing data into the card reader.		
24.3	Press the **UPLOAD CARD** softkey, then press the softkey **UPLOAD CARD**.	Verify that the Bluetooth LED is on and displays a green light.	o o o
24.4	Press the **SEND** softkey.		
24.5	Double click on the HyperTerminal shortcut (BT115200) from the desktop. **Note:** If setting up Hyperterminal for the first time set COM PORT programmed for Bluetooth adapter, 115200bps, 8, N, 1, N		
24.6	Start Bluetooth Utility software (Blue Soleil) on the computer.		
24.7	In the IVT Corporation Blue Soleil window under “View”, select refresh devices.		
24.8	Find the unit under test Serial Number and double click on it.		

	Do this...	Verify that...	Pass/Fail
24.9	Click on the Serial Port Icon that is highlighted at the bottom of the window	Verify the following: At the bottom of the window it states Connected, The file transfer window pops up and the file upload progress bar goes to 100%. The unit displays the file upload message, *Card Uploaded*.	o o o
Record your results on the Maintenance Tests Checklist.			

Chapter 2 Troubleshooting

Overview

This chapter describes the most common technical problems that biomedical technicians experience when checking the M Series during routine maintenance or when there is a malfunction of the unit. It also contains a list of error messages that users may see if the unit is not operating properly.

This chapter contains the following:

- Troubleshooting tables for ECG Leads Off Messages and Monitor Displays
- ZOLL M Series Error Messages

If the problems you encounter are not listed below, call ZOLL Medical Corporation's Technical Service Department for further assistance. (See page vii for contact information.)

Troubleshooting

The following tables show the most common troubleshooting issues and their solutions.

First, attempt to solve the problem with “Recommended User Action.” If these steps do not solve the problem, follow the steps listed in the “Recommended Technical Action” column.

Reported Problem	Recommended User Action	Recommended Technical Action
ECG LEAD OFF message displays. (3, 5, 12 lead cable)	• Check preparation of ECG electrode site by cleaning the site, lightly abrading the patient’s skin and/or clipping the patient’s hair at the electrode site. • If electrode gels are dry, replace electrodes with new ones from a freshly opened package. • Verify that all leads are attached. • Set monitor to another lead. • Verify that the electrodes have not exceeded their expiration date.	• Try to reproduce the problem using a simulator. • Inspect the ECG cables looking for corrosion or broken connector pins. • Check the cable for intermittent connections by flexing the cable at the yoke and snap connectors. • Check the cable connection to the defibrillator. • Inspect the ECG input connector and its pins. Replace it, if necessary. • Inspect the ECG cable connection to the system board. • Inspect the system board ECG shielding. • Remove and replace the system board.
V LEADS OFF message displays.	• If the user is not using V leads, attach V lead connector terminator plug to the cable’s V lead connector. • If a V1 lead wire metal snap comes in contact with the patient’s skin, then the system will show all V leads as OFF. • Remove V1 leads and others away from the patient. Turn off the unit and wait ten seconds before turning it back on.	

Reported Problem	Recommended User Action	Recommended Technical Action
CHECK PADS/POOR PAD CONTACT message displays.	• Remove and reinsert PADS connector into the universal cable. • Check for damaged defibrillator pads, wires and or connector. • Check for dried out or expired defibrillator pads. • Clip (not shave) the patient's hair and wipe pad contact area dry. • Connect the cable to the test plug. The DEFIB PAD SHORT message displays to indicate that the cable is functioning properly. • If the DEFIB PAD SHORT message displays, then check the connections of the pads to the patient and to the defibrillator cable. • If the DEFIB PAD SHORT message does not display, remove the defibrillator from service.	• Connect universal cable to the shorting plug. The DEFIB PAD SHORT message should display, when you SELECT PADS. If the message does not display, then: • Try another universal cable. • Check the cable from the universal cable connector to the High Voltage Module. • Check the cable from the High Voltage Module to the system board. • Remove and replace the High Voltage Module. • Remove and replace the system board. • Call ZOLL Technical Support for assistance.
Flash or arcing under defibrillator pad.	• Avoiding using alcohol and betadine in and around the treatment area because these skin preparations may lead to increased conductivity and/or bonding between the electrode's adhesive and skin. • Check for gel droop. If the gel has leaked out of the gel treatment area, replace the electrode. • Ensure pads are coupling to the patient's skin and connected to the universal cable. • Check for dried out gel on the defibrillator pad. • Clip patient's excessive hair. Do not shave hair. • Check expiration date. Replace pad if date has expired. • Do not conduct chest compression through the pads because the pads could be damaged leading to the possibility of arcing and skin burns. • Apply the back electrode first. If the front electrode is already in place when the patient is being maneuvered for placement on the back, the front may become partially lifted, possibly causing arching and skin burns.	• Ensure that wet gel pads are stored flat.

Reported Problem	Recommended User Action	Recommended Technical Action
Displayed HR not accurate. No artifact present.	Verify heart rate flashes with each QRS on display. • Change lead selection. • Change ECG size. • Reposition ECG electrodes.	
Displayed HR not accurate; artifact present.	• Reduce or eliminate ECG artifact due to electrode or patient cable movement. Route cables so that they don't pull on electrodes or swing excessively. • Ensure patient is motionless. • Check for possible excessive radio frequency interference. • Verify a good connection of electrodes to the patient. • Prepare the patient's skin prior to the electrode attachment. • Move patient cables away from other electrical equipment, especially any RFI source. • Ensure ECG cable fits snugly in unit. • Change ECG cable. • Replace/reposition ECG electrodes.	• Check for contamination on snaps. Ensure springs are intact. • Check for intermittent ECG patient cable or connector wiring. • Replace ECG input connector. • Replace ECG connector to the system board cable. • Replace system board.
Wandering baseline.	See "Displayed HR not accurate." above. Note that in 90% of electrode issues, size and lead changes don't help.	Same as above example.
Electronic interference.	Check for possible excessive radio frequency interference. Move patient cables away from other electrical equipment.	• Turn off sources of excessive RFI. • Move M Series unit away from RFI source.

ZOLL M Series Error Messages

The following is a list of ZOLL M Series error messages that may appear on your display. The “User Advisory” column informs you about an action in progress or provides feedback on a user correctable situation that typically does not require further technical support. The “Technical Action” column describes what you as a technician can do to correct the situation. Note that these messages will sometimes overlap part of the waveform display.

First, attempt to clear the message by turning the Selector Switch to OFF for ten seconds, then back to the desired operating mode. If the fault persists, call ZOLL Technical Service.

Error Message	Explanation	User Advisory	Technical Action
200J MAX BIPHASIC	User attempted to set defibrillation energy >200J on Biphasic Unit. No higher energy is available.	✓	
50J MAX	Energy ≤ 50J for internal paddles. No higher energy is available.	✓	
ADJUST ECG	Unit is in sync mode and heart rate is < 20 BPM. Or, QRS size set too small for proper synchronization.	✓	
ANALYSIS HALTED	• ECG analysis halted due to user interaction such as: • Lead/size change • Analyze button was pressed again • Impedance fault • Charging error detected in auto defib mode	✓	
ANALYSIS RESTARTED	This is a user prompt issued simultaneously with ECG TOO LARGE or ECG TOO SMALL. Device detected ECG signals out of range, automatically adjusted ECG size and is now restarting its shockable rhythm analysis sequence.	✓	
AUDIO FAULT 136	Audio DSP hardware error.		Replace audio board. Replace system board.Turn unit off and back on again.

Error Message	Explanation	User Advisory	Technical Action
AUDIO NOT RECORDING	Audio is not recording.		Install PCMCIA card. Replace system board.
AUDIO QUEUE FULL	Indicates that the audio output queue is full. Additional voice prompts can't be queued at this time.		None.
BATT HIGH CURRENT	Battery is charged and battery current is >.1 A or: Battery is not charged and battery current is > 1.6 A.		Unplug from A/C. Remove the battery for 20 seconds. Reconnect all above. If the problem persists, replace battery and or charger.
BATT HIGH VOLTAGE	Battery voltage > 15.5 v.		Replace battery and or charger
BATT LOW CURRENT	Battery is not charged and battery current is <.35 A.		Replace battery and or charger.
BATT LOW VOLTAGE	Battery voltage < 9.5 v.		Replace battery and or charger.
BATT OVERCHARGE	Charger on for > 4 hours.		Replace battery and or charger.
BRIDGE SHORT	Current higher than expected was detected during the Biphasic bridge test or immediately following a discharge.		Ensure pads/paddles are used properly. Attempt to clear the message by turning the Selector switch to off then back to the desired operating modes. Replace bridge or high voltage module.

Error Message	Explanation	User Advisory	Technical Action
BRIDGE TEST FAILED	Biphasic module not operating properly while charging.		Charge again. Attempt to clear the message by turning the Selector switch to OFF, then back to the desired operating mode. Replace bridge or high voltage module.
CABLE FAULT	(Auto defib mode only.) Incorrect A/D reading for paddle ID (similar to PADDLE FAULT).	✓	Replace paddle set, universal cable and/or system board.
CANNOT CHARGE	Cannot charge when charge button pressed.		Replace high voltage module or capacitor.
REPLACE CARD	Write errors during manual or semi-automated modes.	✓	May have configuration card installed or write protection on.
CARD FULL	Memory Card Full.	✓	
CHECK CO_2 SENSOR	EtCO_2 Sensor is unplugged or defective.	✓	Check that sensor cable is plugged in and seated properly. Check that sensor is not exposed to excessive heat. If problem persists, replace the sensor.
CHECK CO_2 ADAPTER	Airway adapter is removed, occluded or adapter zeroing needs to be performed or was performed incorrectly.	✓	Replace/Clean airway adapter. Zeroing performed automatically.
CHECK MEMORY CARD	No card detected during manual or semi-automated modes.	✓	

Error Message	Explanation	User Advisory	Technical Action
CHECK PADS	Message displayed in conjunction with either POOR PAD CONTACT or DEFIB PAD SHORT.		Ensure pads are coupled to patient. Check /replace pads and universal cable. Replace system board.
CHECK PATIENT	Background ECG analysis detects shockable rhythm.	✓	
CHECK PULSE	Alternate message for NO SHOCK ADVISED message.Message also shown after delivering third shock when auto analyze 3 times option is enabled.	✓	
CHECK RECORDER	Produced when paper tray is empty, paper jams or recorder door is opened.		Replace paper sensor board, system interconnect board, and/ or system board.
CHECK SPO_2 SITE	Low or no perfusion in monitored finger or toe.	✓	
CHECK SPO_2 SENSOR	Reposition SpO_2 sensor on patient.		
CLOCK FAULT 11	Real time clock oscillator failure.		Replace system board.
CLOCK FAULT 12	Real time clock back-up power supply failure. Found oscillator stopped at power-up, but oscillator now running when the system is running. (Oscillator only runs when main power is applied).		Replace system board.
CLOCK FAULT 13	One of the set time units (seconds, minutes, year, etc.) is out of range.		Replace system board.
CO_2 COMM ERROR	No or invalid communication from the $EtCO_2$ module.		Replace $EtCO_2$ module and or system board.
CO_2 SENSOR WARM UP	$EtCO_2$ Sensor warming up.	✓	Wait for sensor to warm up. This process takes up to approximately one minute.

Error Message	Explanation	User Advisory	Technical Action
CONFIRM MANUAL MODE	Displayed when manual mode is entered. Alerts user to confirm that manual mode is desired.	✓	
DEFIB DISABLED	User prompt issued simultaneously with other faults if defib is disabled.		Possible configuration problem. Replace high voltage module. Call ZOLL Technical Support.
DEFIB FAULT 71	More than 50 internal dumps occurred in less than 20 minutes.		Turn the unit to OFF and back on. If fault persists, replace high voltage module.
DEFIB FAULT 72	General defib error.		Turn the unit to OFF and back on. If fault persists, replace high voltage module.
DEFIB FAULT 76	Capacitor voltage too high for selected energy.		Replace high voltage module or capacitor.
DEFIB FAULT 77	Capacitor voltage > than absolute rated max.		Replace high voltage module or capacitor.
DEFIB FAULT 78	Unable to charge defib cap.		Replace high voltage module or capacitor.
DEFIB FAULT 79	Defibrillator charging too slowly.		Replace high voltage module or capacitor.
DEFIB FAULT 80	4 defibrillator faults detected within 20 second period.		Replace high voltage module or capacitor.
DEFIB FAULT 81	Discharge switch in undefined state.		Replace high voltage module or capacitor.
DEFIB FAULT 84	“Upper” discharge transistor shorted (measured via applicable A/D channel).		Replace high voltage module.

Error Message	Explanation	User Advisory	Technical Action
DEFIB FAULT 85	“Lower” discharge transistor shorted (measured via applicable A/D channel).		Replace high voltage module.
DEFIB FAULT 86	One discharge switch closed during power up test.		Replace paddles, control board or system board.
DEFIB FAULT 87	Both discharge switches closed during power up test.		Replace paddles, control board or system board.
DEFIB FAULT 94	Processor fault causing safety monitor port to be non-functional.		Replace system board, high voltage module or capacitor.
DEFIB FAULT 95	Safe or shutdown line is not functional.		Replace high voltage module.
DEFIB FAULT 96	XPATREL or XPAT_ENABLE is faulted or one of the discharge transistors has shorted.		Replace high voltage module.
DEFIB FAULT 108	VMON voltage is less than the target energy during charging.		Replace high voltage module or capacitor.
DEFIB FAULT 109	Defib capacitor voltage is greater than selected energy when defibrillator is charging or ready.		Replace high voltage module or capacitor.
DEFIB FAULT 111	Defib capacitor voltage has exceeded the absolute maximum acceptable voltage.		Replace high voltage module, capacitor, and or system board.
DEFIB NOT CHARGED	Discharge button is pressed but the unit is not charged.	✓	
DEFIB PAD SHORT	Measured impedance between high voltage leads of MFC.	✓	Ensure pads are coupled to patient. Check /replace pads or universal cable. Replace system board.
DISABLE SYNC	Sync mode active when analyze pressed in defib.	✓	
DISCHARGE FAULT	Defib capacitor voltage is not decreasing.		Replace high voltage module, capacitor, and/or system board.

Error Message	Explanation	User Advisory	Technical Action
ECG FAULT 4	Communication fault between ECG processor and main processor.		Turn off unit and then turn on to reset. If fault persists, replace system board.
ECG FAULT 5	ECU RAM test failure, or ROM checksum test failure.		Turn off unit and then turn on to reset. If fault persists, replace system board.
ECG LEAD OFF	One or more ECG leads are not properly connected when leads are selected as input.	✓	Check cable and patient connection. Change electrodes. Prepare patient's skin.
ECG TOO LARGE	ECG signal too large for accurate shockable rhythm analysis.	✓	Reduce ECG size.
ECG TOO SMALL	ECG signal too small for accurate shockable rhythm analysis.	✓	Increase ECG size.
ECG V1 LEAD OFF	Chest lead V1 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ECG V2 LEAD OFF	Chest lead V2 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ECG V3 LEAD OFF	Chest lead V3 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ECG V4 LEAD OFF	Chest lead V4 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ECG V5 LEAD OFF	Chest lead V5 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ECG V6 LEAD OFF	Chest lead V6 is not properly attached to patient.	✓	Reattach V lead. Check cable.
ENTER ACCESS CODE	Manual mode access code needed.	✓	Enter access code to enter manual mode with AED.

Error Message	Explanation	User Advisory	Technical Action
ERASING REPORT	Summary report being erased.	✓	
ECU CRC FAULT	Invalid ECG samples detected over a one second period.		Turn off unit and then turn on to reset. If fault persists, replace system board.
$EtCO_2$ COM ERROR	No or invalid communication from $EtCO_2$ module.		Return unit for service to ZOLL Technical Service Department.
FAX DIALING	Preparation for sending fax.	✓	
FAX DONE	Transmission complete.	✓	
FAX PREPARING	Preparing fax for transmission.	✓	
FAX SENDING	Transmitting fax.	✓	
INSERT CARD Check memory card	No card installed in unit during manual or semi-automated modes.	✓	
LOW BATTERY	Low battery.	✓	Replace battery or plug into AC power. Replace charger.
NO QRS DETECT	Unit is in sync mode and heart rate is < 20 BPM or QRS amplitude is too low for proper synchronization.	✓	Increase ECG size and/or change lead.
NO SHOCK ADV	No shock advised. Advisory message when analysis finds non-shockable rhythm.	✓	
NOISY ECG	Number of noisy analysis intervals exceeds threshold.	✓	Stop all patient movement. Check connections. Press Analyze button again.
OPEN AIR DISCHARGE	Cap voltage too high after discharge attempt, e.g., full energy discharge did not occur.		Replace paddles, and, or high voltage module and system board.

Error Message	Explanation	User Advisory	Technical Action
PACER DISABLED	User prompt issued simultaneously with other pace faults if pacing is disabled.		Replace high voltage module or system board.
PACER FAULT 115	Flyback pulse width control circuit is not under proper control of the processor and gate array.		Replace high voltage module, capacitor, or system board.
PACER FAULT 116	Failure to detect XPACE_ON.		Replace high voltage module, capacitor, and/or system board.
PACER FAULT 117	Pace relay is stuck closed.		Replace high voltage module, capacitor, and/or system board.
PACER FAULT 121	During pace, the pace pulse width <30ms or >50ms.		Replace high voltage module, or system board.
PACER FAULT 122	Pace current is more than 15mA above and below selected value.		Replace high voltage module, or system board.
PACER FAULT 123	Measured pace rate is too fast compared to selected rate.		Replace high voltage module or system board.
PACER FAULT 126	Issued in conjunction with message 122. Pace current is more than 15mA and below selected value.		Replace high voltage module.
PADDLE FAULT	Cannot detect type of accessory attached to the universal cable.		Replace paddles, internal paddles, system board, high voltage module and/or universal cable.
PERFORM CPR	Advisory message in AED auto defib mode.	✓	
PLACE ON ZERO CELL	$EtCO_2$ sensor cable plugged into unit for the first time. Zeroing error or probe drift error detected.	✓	Zero sensor. Replace sensor. Return to ZOLL for service.

Error Message	Explanation	User Advisory	Technical Action
POOR LEAD CONTACT	One or more ECG leads are poorly connected or not connected to patient. (User configurable.)		Check electrode attachment to patient, cable connector to electrode, cable to unit connector. Broken unit.
POOR PAD CONTACT	Electrode impedance exceeds threshold.		Ensure pads are coupled to patient. Check /replace pads or universal cable. Check impedance circuit calibration. Replace system board.
PRESS ANALYZE	Alternate message for check patient prompt.	✓	
PRESS CHARGE	Advisory message in conjunction with shock advised.	✓	
PRESS SHOCK	Prompt issued in AED auto defib mode when defib is charged (ready).	✓	
RECORDER FAULT 142	Strip chart system error.		Check paper tray and paper path. Replace the print head, system interconnect board and or the system board.
RECORDER FAULT 143	Strip chart failed power-up echo test. Communications error.		Check paper tray and paper path. Replace the system interconnect board and/or the system board. Turn unit off and back on again.
RECORDER FAULT 147	Strip chart printhead over temperature.		Check paper tray and paper path. Replace the print head, system interconnect board and/or the system board.

Error Message	Explanation	User Advisory	Technical Action
RELEASE BUTTONS	Simultaneous external paddle button presses detected before unit reached full defib charge (ready state).	✓	Release buttons.
RELEASE SHOCK	Discharge switch(es) closed when pressing charge button. Discharge button pressed before defib reached ready state.	✓	Release shock button. Check paddles. Replace controls board.
REPLACE BATTERY	Battery voltage is less than absolute minimum. Shutdown imminent.	✓	Replace with charged battery.
REPLACE $EtCO_2$ SENSOR	$EtC0_2$ SENSOR WARM UP message displays for more than five minutes. Sensor defective.	✓	Replace sensor cable.
REPORT FULL	Summary report memory full.	✓	Erase summary report.
REPORT HALTED	Summary report stops printing unexpectedly.		Turn unit off and then back on again. Print Summary again. If fault persists, replace system board.
RESERVED 1	The watchdog timer is not functional in the unit.		Turn off unit and then turn on to reset. If fault persists, replace system board.
RETRY ANALYSIS	Advisory message in conjunction with noisy ECG. Analysis halted.	✓	
SELECT 30J FOR TEST	Attempt to run a self test at an energy other than 30J.	✓	
SELECT DEFIB MODE	Analyze button pressed in pace or monitor mode.	✓	
SELECT LIMB LEADS	Paddles or augmented ECG leads selected when continuous analysis active or started.	✓	Select limb leads I, II, III or MFE
SELECT PADS	Lead I, II, or III selected when analyze pressed.	✓	

Error Message	Explanation	User Advisory	Technical Action
SET CLOCK	Real time clock failure: invalid date or time.		Set date and time and/or replace system board.
SET PACE mA	Multiple copy errors are the product of intended software or memory errors. If error reoccurs other than on entering pace the first time or after more than 10 minutes in other mode, the unit could be broken.	✓	Set pace current. If broken, replace system board.
SET PACE RATE	Multiple copy errors are the product of intended software or memory errors. Multiple copies of pace rate don't match. If error persists, unit could be broken	✓	Set pace rate. If broken, replace system board.
SHOCK ADVISED	Advisory message when analysis finds a shockable rhythm.	✓	
SpO_2 AMBIENT LIGHT	Ambient light is too bright.		Shield sensor from ambient light. Replace $Sp0_2$ sensor. Replace $Sp0_2$ module
SpO_2 COMM ERR	No transmissions from SpO_2unit received. Communication error or no communication from $Sp0_2$ module.		Replace $Sp0_2$ module and/or system board.
SpO_2 PULSE SEARCH	Pulse search in progress.	✓	
SpO_2 SENSOR FAULT 1	Defective sensor.		Replace $Sp0_2$ sensor.
SpO_2 SENSOR FAULT 5	Unrecognized sensor.		Replace $Sp0_2$ sensor.
STAND CLEAR	(Auto defib mode only.) Single analysis mode just turned on and defib idle. Patient rhythm is being analyzed.	✓	
SYSTEM FAULT 2	MCU ROM checksum test failure or MCU RAM test failure.		Turn off unit and then turn on to reset. If fault persists, replace system board.

Error Message	Explanation	User Advisory	Technical Action
SYSTEM FAULT 5	ECU RAM test failure or ROM checksum test failure.		Turn off unit and then turn on to reset. If fault persists, replace system board.
SYSTEM FAULT 6	No communications received from ECU for 4 seconds.		Turn off unit and then turn on to reset. If fault persists, replace system board.
SYSTEM FAULT 7	The A/D converter is not performing conversions in a timely manner.		Replace system board.
SYSTEM FAULT 36	P1MON is less than 412 counts or greater than 612 A/D counts. Pace/defib is disabled as long as condition exits.		Replace system board.
SYSTEM FAULT 37	Disable pace/defib and MFE monitoring.		Replace system board.
SYSTEM FAULT 38	Failure to shutdown after “shutdown order” is written to the RTC.		Replace system board.
TEST FAILED	MCU performed ipeak test (defib peak current) and unit failed during 30J self test.	✓	Replace universal cable, paddles or high voltage module, capacitor, or system board.
TEST OK	MCU performed ipeak test (defib peak current) and unit passed 30J self test.	✓	
USE PADDLE DISCHG	Front Panel discharge button is pressed when either external paddles or internal spoons with discharge buttons are connected.	✓	
USE PADS	(AUTO DEFIB MODE ONLY.) Attempt to defib with paddles in auto defib (AED) mode. Defib only allowed using PADS in AED modes.	✓	
USE PADS TO PACE	External paddles detected in pace mode.	✓	

Error Message	Explanation	User Advisory	Technical Action
USE ROOM AIR ADAPTER	Adapter zeroing started with $EtCO_2$ in the adapter or the adapter is on the REF or “0” cell.	✓	Place CO_2 sensor on adapter in room air.
USER SETUP REQ	Both copies of stored cal/config data are bad or have never been programmed.	✓	Perform configuration setup.
VF ALARMS OFF	VF alarms disabled in pace mode or when paddles are selected as leads.	✓	
VX LEADS OFF	V lead not properly attached to patient. “X” denotes lead number.	✓	Reattach V lead.
ZERO CO_2 SENSOR	New $EtCO_2$ sensor needs to be zero calibrated.	✓	Zero $EtCO_2$ sensor.
ZERO CO_2 ADAPTER	New $EtCO_2$ airway adapter needs to be zero calibrated.	✓	Zero $EtCO_2$ adapter.

Chapter 3
Replacement Parts

This section contains a listing of the replacement parts available for the ZOLL M Series devices.

Replacement parts may be ordered through an authorized ZOLL distributor or directly from ZOLL Medical Corporation. The prices for parts are available from ZOLL Medical Corporation's Technical Service Department.

When ordering parts, please provide the following information:

- ZOLL M Series device model and serial number
- Replaceable unit part number
- Description of the replacement part
- Description of problem

To order by mail from ZOLL Medical Corporation, address your request to:

ZOLL Medical Corporation

269 Mill Road

Chelmsford, MA. 01824-4105

Attention: Technical Service Department

1-978-421-9655; 1-800-348-9011; Fax: 1-978-421-0010

Note: ZOLL reserves the right to substitute different parts to reflect modifications and improvements in ZOLL M Series circuitry and design.

Replacement Parts

Item numbers correspond to the parts diagrams beginning on page 3-9.

Description	Part Number	Item #
SHIELD, HOUSING, IPX4	9330-0294	1
ASSEMBLY, SEQ-5, PREP CHASSIS, M SERIES	1011-0090	2
SCR,#4-40,MCH,3/8",PNH,PHL,STL,ZNC,EXT, RoHS	0163-0992	3
PLATE, SUPPORT, PCMCIA	9320-0304	4
ASSEMBLY, PCMCIA, W/PLATE, IPX4	1001-0421	5
PIVOT, LOWER LATCH, REVIVER	9320-0065	6
SPACER, LOWER LATCH	9320-0315	7
PADDLE, LOWER LATCH, REVIVER	9310-0511	8
ASSY, BEZEL W/ SHIELDS, IPX4	1001-0420	9
HEATSINK, ISOLATOR, M-SERIES	9330-0249	10
ASSY, PCB, SYSTEM INTERCONNECT	9301-0306-03	11
SCR,#4-40,MCH,1/4",FLT,PHL,SST, RoHS	0163-0626	12
GASKET, PC-CARD, M-SERIES	9330-0312	13
ASSY, HARNESS, PADDLE TEST	1001-0102	14
CONTACT, PADDLE WELL	9320-0402	15
SCR,#6-32,MCH,3/8",PNH,PHL,STL,ZNC,EXT, RoHS	0163-0912	16
ASSY, MODULE, NIBP	1001-0229	17
Non-NIBP bottom panel	9310-1501	18

Description	Part Number	Item #
NUT, KEPS, 4-40, SS, RoHS	0163-0285	19
CABLE, RECORDER	9500-0400	20
GASKET, PRINTHEAD CABLE	9330-0314	21
SUPPORT, PRINT HEAD	9310-0510	22
SCR,#6-32,MCH,3/8",PNH,PHL,STL,ZNC,EXT, RoHS	0163-0912	23
ASSY, PRINT HEAD	1001-0101	24
PIVOT, PRINTHEAD	9320-0401	25
ASSY,PAPER TRAY-OUT SENSOR	1001-0131	26
REWORK, LEAFSPRING, PRINTHEAD, M SERIES	9320-0300-99	27
BRUSH, STATIC DISSIPATION, REVIVER	9340-0102	28
SCR,#4-40,MCH,3/8",PNH,PHL,SST, RoHS	0163-0153	29
WASHER, FLAT, #4, SS, RoHS	0163-0016	30
Spring Tension, Recorder Drawer	0190-0101	31
ASSY,CABLE,LAMINATE JUMPER,A67,MILITARY	9500-0573	32
ASSY,CABLE,LAMINATE JUMPER,A51,MILITARY	9500-0572	33
CLIP, CONNECTOR	9310-0573	34
TY-RAP CABLE TIE STD 18 LB .093W X 3.62 L	0501-0001	35
ISOLATOR	9310-0552	36
BARRIER, ISOLATION, CHASSIS	9330-0332	37
CABLE, LAMINATE JUMPER, SHIELDED	9500-0506	38
LABEL, HIGH VOLTAGE SYMBOL	0350-0100	40

Description	Part Number	Item #
GASKET, CONN PANEL, M-SERIES	9330-1334	41
ASSY, PAPER TRAY	1001-0103	42
CAPACITOR SUPPORT, BI-PHASIC	9320-0170	43
CABLE, FLAT 20POS, SHIELDED, BIPHASIC, M-SERIES	9500-0550-90	44
TAPE KAPTON, 1 ¼" WIDE, 0.0025" THICK 36 YDS LONG	0550-0003	45
ASSY, BRIDGE/CAP, BI-PHASIC	1001-0182	46
ASSY, EPAC, BI-PHASIC	1001-0181	47
ASSY, SPO_2 MODULE, W/HEATSINK, MSERIES	1001-0205	48
ASSY, CABLE, INTERNAL, SPO_2, OVERMOLDED	1001-0160	49
CABLE, MFC TO HVM, M SERIES	9500-0782	50
ASSY, CABLE, INTERNAL, ETC02	9500-0541	51
ASSY, MODULE 2,$EtCO_2$/ISO POWER	1001-0015	52
CABLE ISOLATED POWER TO SPO_2	9500-0102	53
ASSY ISOLATOR HV FOLDED	1001-0146	54
ASSY, PCB, CONNECTOR, $EtCO_2$	9301-0325	55
CABLE, LAMINATE JUMPER	9500-0512	56
POLYESTER FILM TAPE 56 - 3/8" WIDE	0550-0125	57
ASSY, BARRIER, FOLDED, $EtCO_2$	1001-0214	58
THERMAL PAD,SPO_2,HEATSINK,M-SERIES	9330-0177	59
PANEL, CONNECTOR, M-SERIES	9310-3505	60

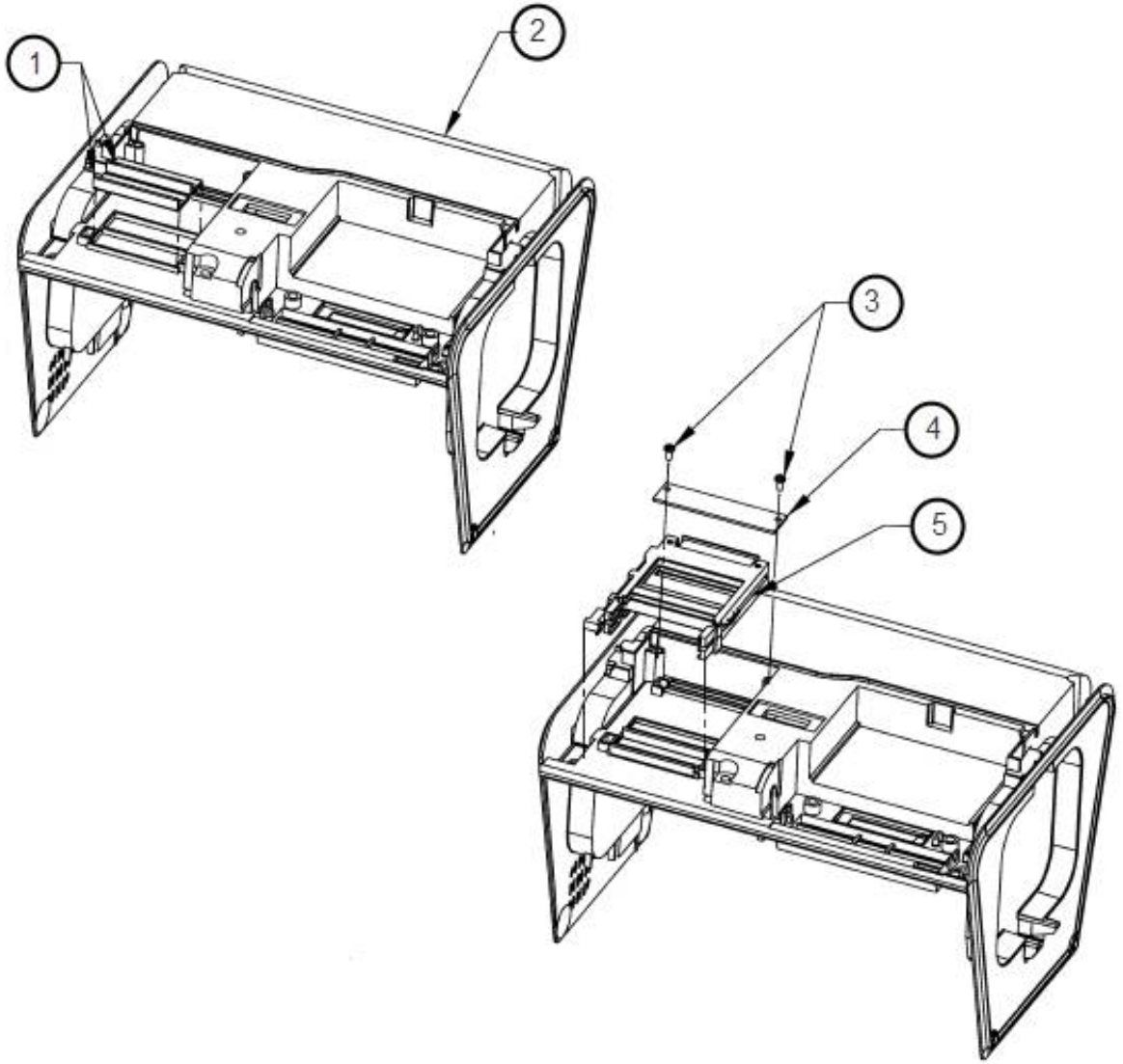
Description	Part Number	Item #
NUT.HEX.0.3125-32X0.375".BRS.NI.0.0937"THK	0163-0274	61
CABLE, ACCESS DETECT, RS232, AND LOW LEVEL SIGNAL	9500-0552-02	62
ADHESIVE LOCTITE THREADLOCKER 222	0550-0118	63
ORING.BUNA-N.0.354".0.032" DIA.70 DURO	0160-6833	64
ASSY, PCB, OUTPUT ESD, RS232	9301-0354	65
ASSY, GROUND WIRE	9500-0302	66
NUT, KEPS, 6-32, STL, ZI, SM PATTERN EXT STAR, RoHS	0163-0284	67
GROUNDING POST (CUSTOM SCREW MACHINE)	9320-0301	68
SCR.PPH.6-32X.0.375"..ZI.HI/LO RoHS	0163-1230	69
ASSY, AC RECEPTACLE	1001-0114	70
STDF.F/F.0.025"RND.0.125"..NYL..	0160-0002	71
GASKET, AC/DC RECEPTACLE, M-SERIES	9330-0316	72
ASSY, AC CHARGER W/HEATSINK	1001-0108-02	74
GASKET, BATTERY PIN	9330-0317	75
ASSY BATTERY INTERCONNECT,PCB,COATED	9301-0303	76
CABLE, LAMINATE JUMPER	9500-0511	77
CABLE, LAMINATE JUMPER	9500-0513	78
SNAP RIVET BLACK NYLON	0163-1709	79
ASSY, PWBA, System Board	Contact Tech Support	80
ASSY, SPEAKER	1001-0115	81
BARRIER, MOISTURE, SPEAKER	9330-0305	82

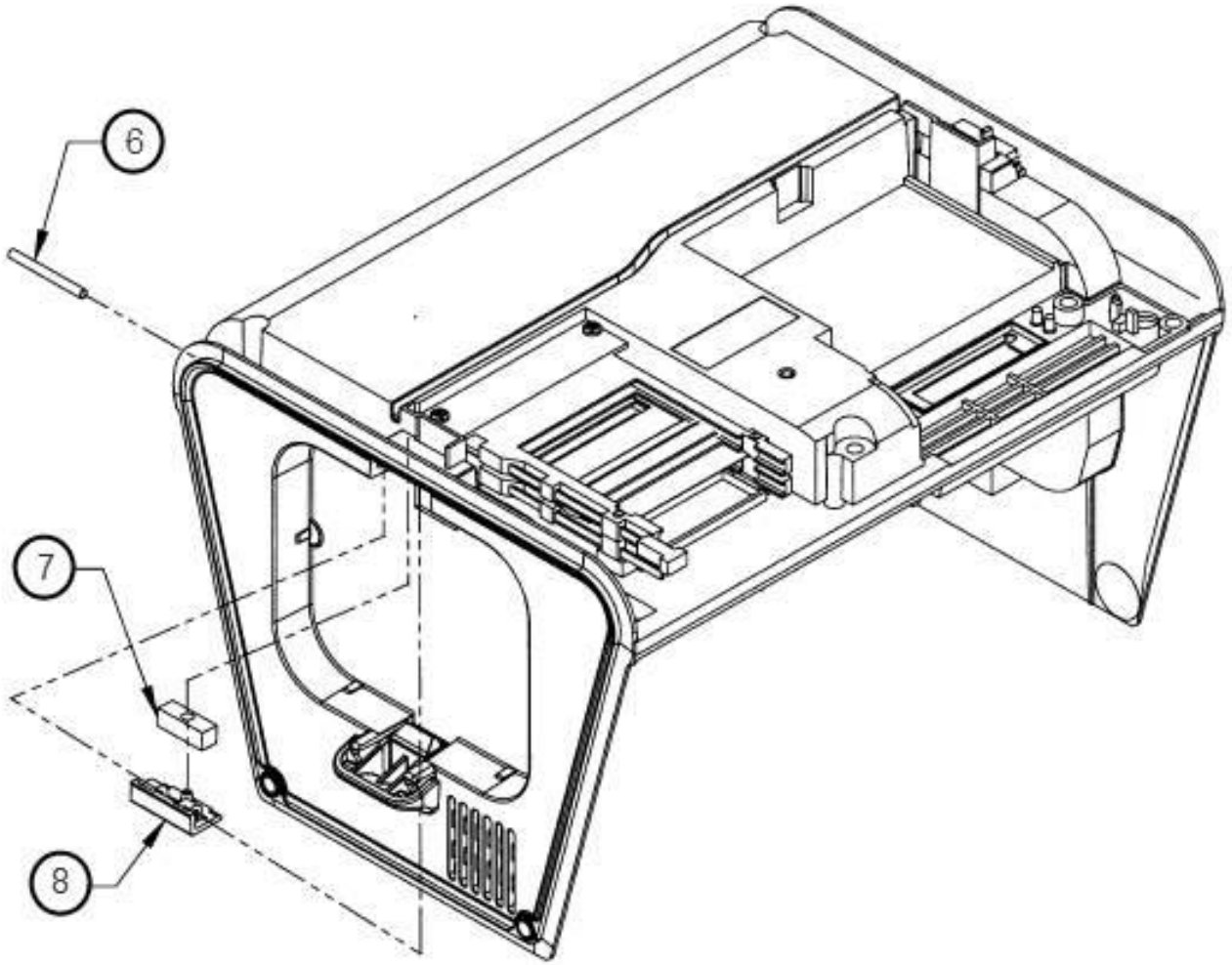
Description	Part Number	Item #
ADHESIVE, BARRIER, SPEAKER	9330-0324	83
BRACKET, SPEAKER MOUNT	9320-0409	84
ASSY, UPPER HOUSING	1001-0126	85
ASSY, HEAT SPREADER, UPPER HSG, M-SERIES	1001-0206	86
WASHER, EXT, #6, SS, RoHS	0163-0027	87
STANDOFF W/EXT.THREAD	9160-0010	88
SCR,#6-32,MCH,3/8",PNH,PHL,STL,ZNC,INT, RoHS	0163-0922	89
ASSY, EXTERNAL MODULE, BLUETOOTH, M-SERIES	1001-0502	90
PANEL, FRONT, PUSHBUTTON, REVIVER	9310-0549	91
DIFFUSER, REVIVER	9310-0590	92
CLIP, CONNECTOR	9310-0573	93
CABLE, FLEX CIRCUIT	9500-0519	94
SCR,#6-32,MCH,1-3/4",PNH,PHL,SST,EXT, RoHS	0163-0211	95
SCR.PPH.6-32X.0.500".SS..SELF SEAL	0163-2000	96
ASSY, CABLE, MULTI FUNCTION AND TEST PORT	0163-2000	97
ORING.70 BUNA-N.0.984"..0.050"THK	0160-6950	98
PANEL, FRONT, EL DISPLAY	9310-0559-02	99
SWITCH COVER, INJECTION MOLDED, M-SERIES	9310-0699	100
SCR,#4-40,MCH,1/4",FLT,PHL,SST, RoHS	0163-0626	101
HOOK, FRONT PANEL	9320-0307	102
FOAM STRIP,.094 X .30 X 3.38	9330-0403	103

Description	Part Number	Item #
FOAM STRIP, .031 X .30 X 5.00	9330-0400	104
FOAM STRIP,.375 X .32 X 3.42	9330-0416	105
FOAM STRIP,.375 X .32 X 5.22	9330-0418	106
REWORKED, EL DISPLAY BRACKET	9310-0302-99	107
SHIELD, W/CONDUCTIVE ADHESIVE	9330-0374	108
ASSY, CABLE, EL DISPLAY	1001-0212	109
FOAM STRIP,.375 X .30 X 3.38	9330-0415	110
DISPLAY, 320X240,ELECTROLUMINESCENT, NO EARS	9355-0505	111
FOAM STRIP, .094 X .30 X 5.00	9330-0404	112
FOAM STRIP,.094 X .20 X .625	9330-0402	113
ADHESIVE ULTRA LIGHT-WELD UV CURING	0550-0135	114
CUP, PACER	9310-0519	115
Front Panel Membrane	Contact Tech Support	116
Front Panel, EL Display	9310-0559-02	117a
Front Panel, FED/LCD Display	9310-0559-01	117b
WASHER, ANTI-ROTATION	9160-0012	118
WASHER, ANTI-ROTATION	9160-0011	119
GASKET, BEEPER, M-SERIES	9161-0010	120
Control Board	Contact Tech Support	121
Microphone, M Series	1001-0110-01	122a
Microphone, CCT	1001-0345	122b

Description	Part Number	Item #
SEAL, MICROPHONE	9330-0339	123
LABEL, FILLER, EXPANSION MODULE, NIBP	9305-0703	124
LABEL, FRONT PANEL, NIBP	9305-0726-01	125
LABEL,EXPANSION MODULE,NIBP,M-SERIES,NON-UL	9305-0725-01	126
LABEL, FILLER, RS232 PORT, NIBP	9305-0701	127

Parts Diagrams

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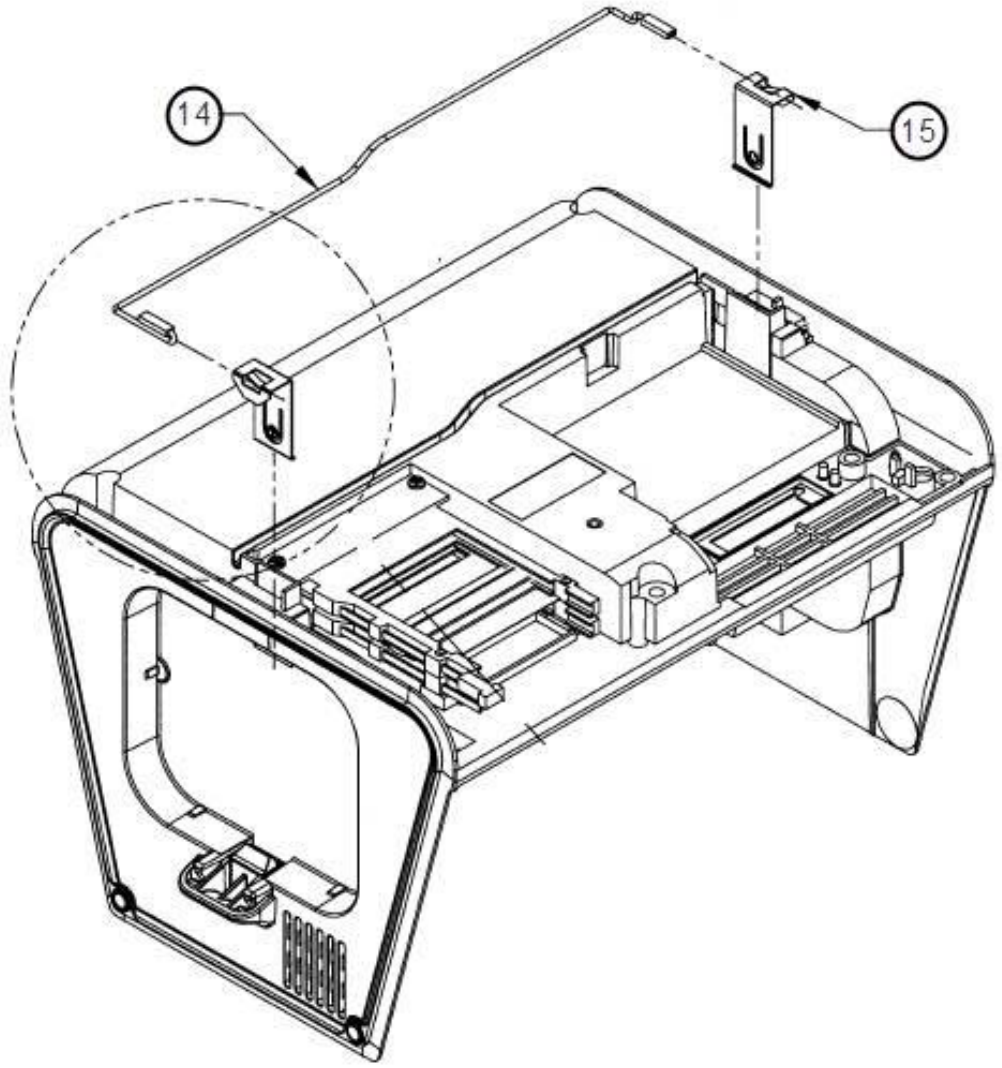
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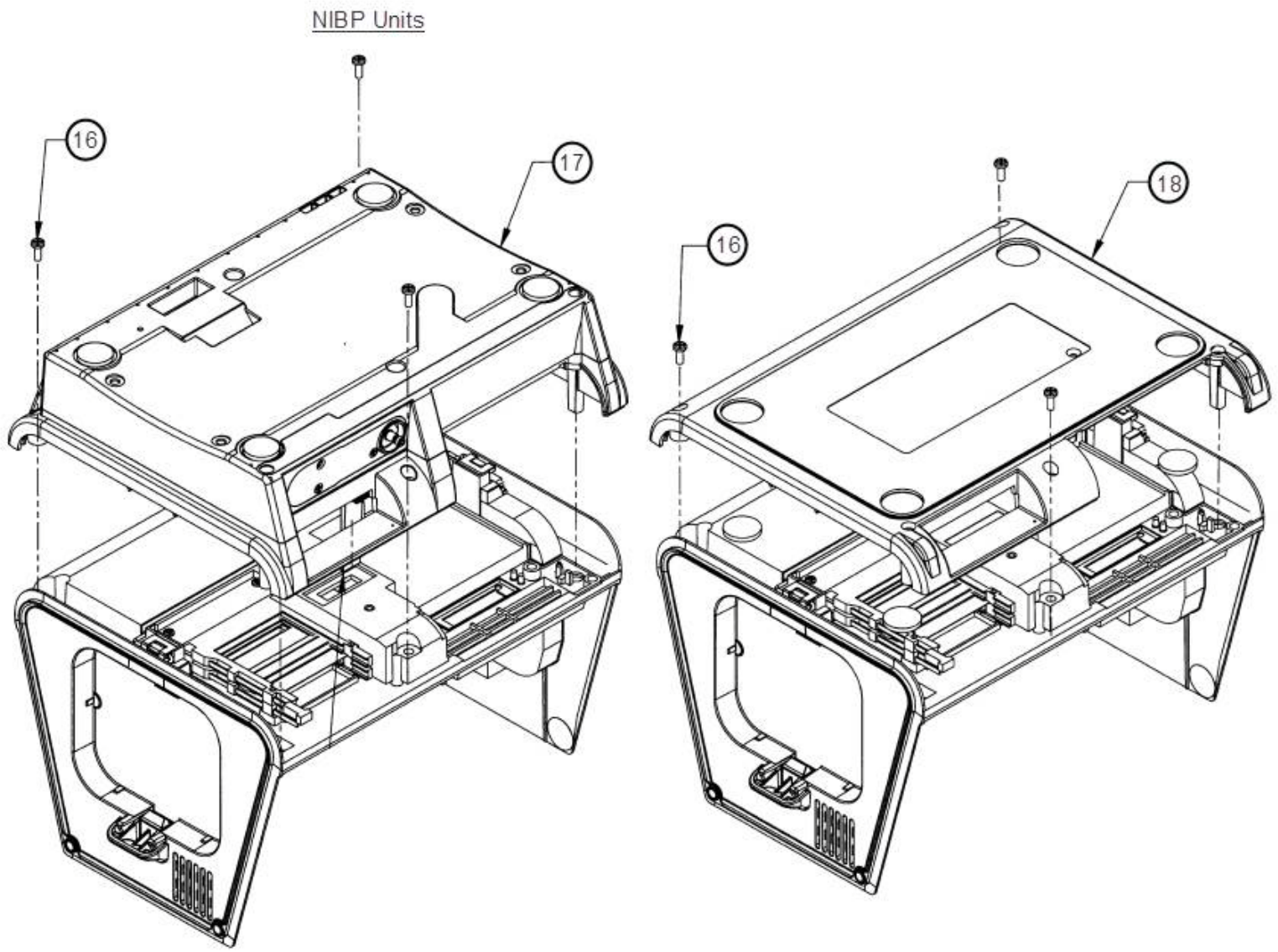
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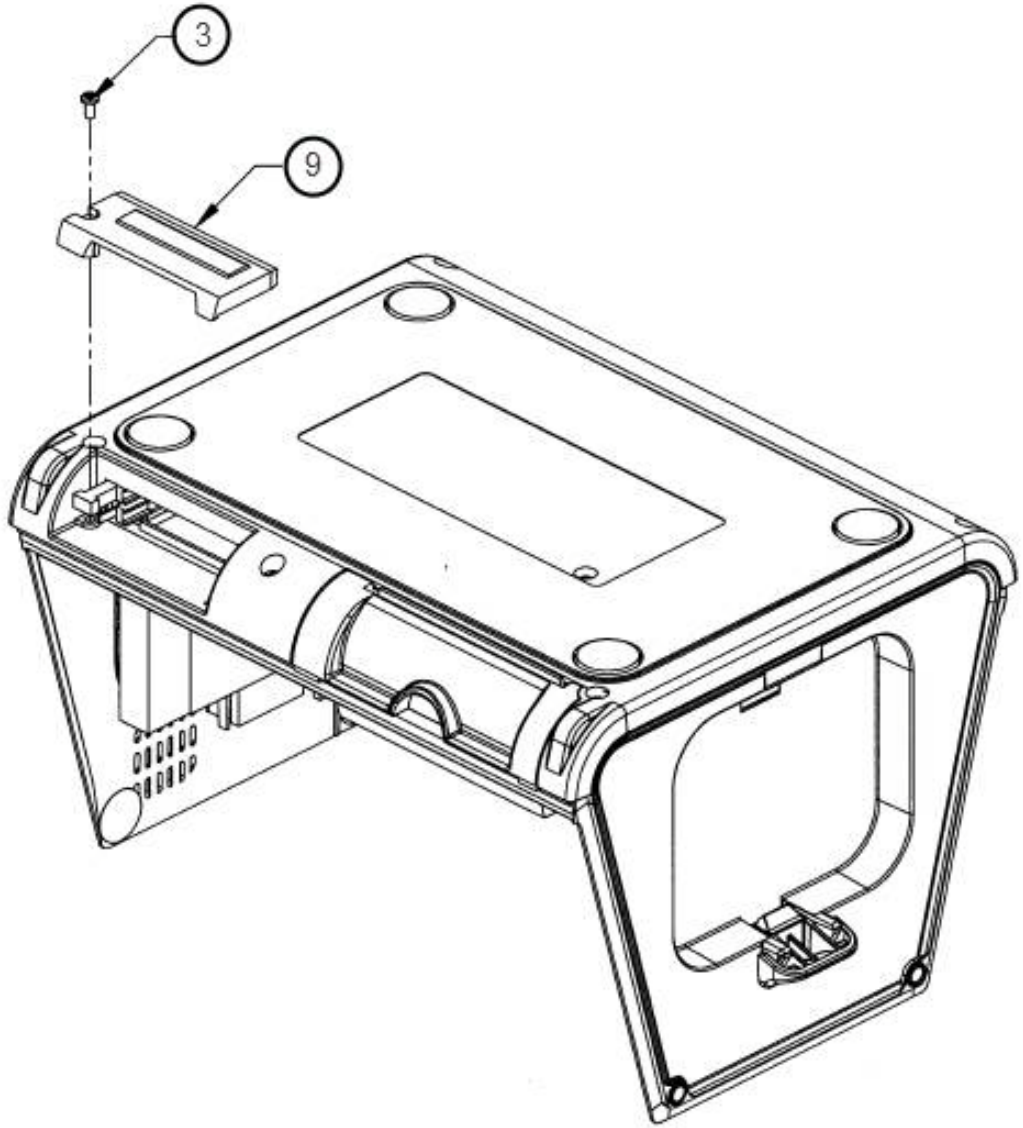
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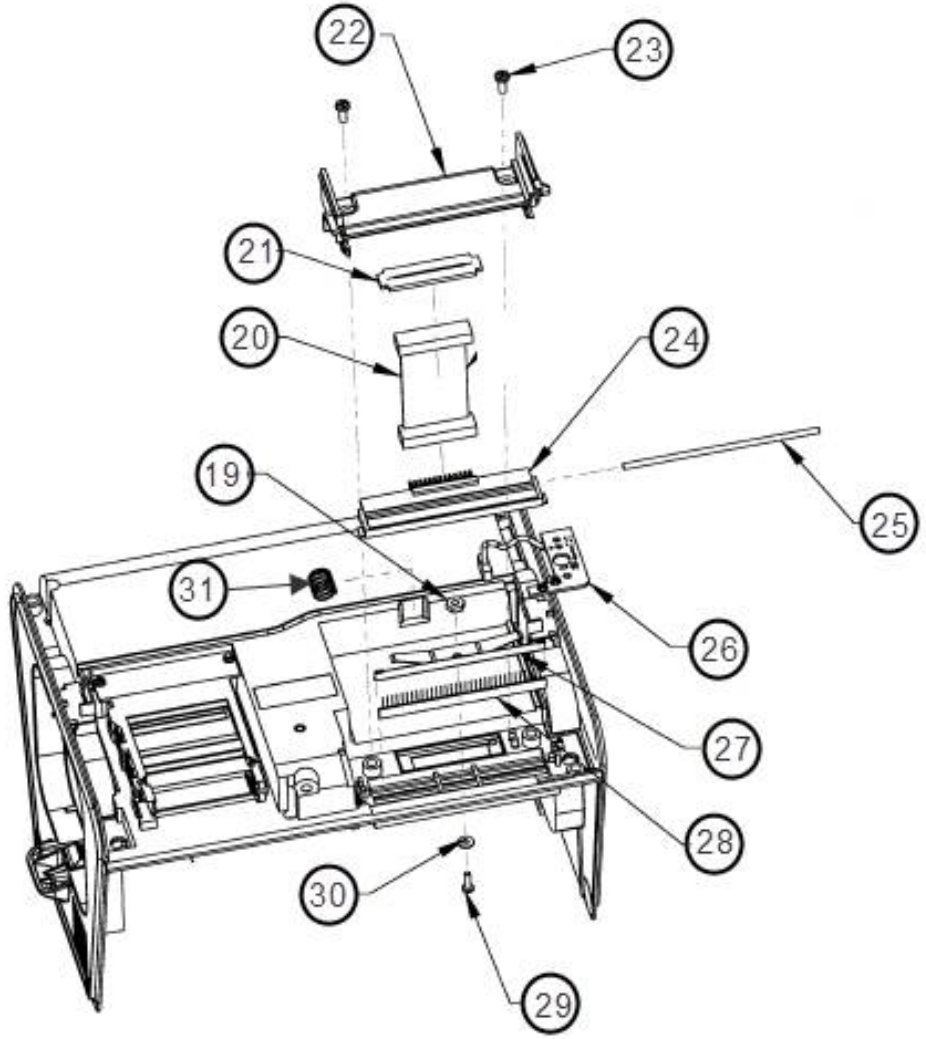
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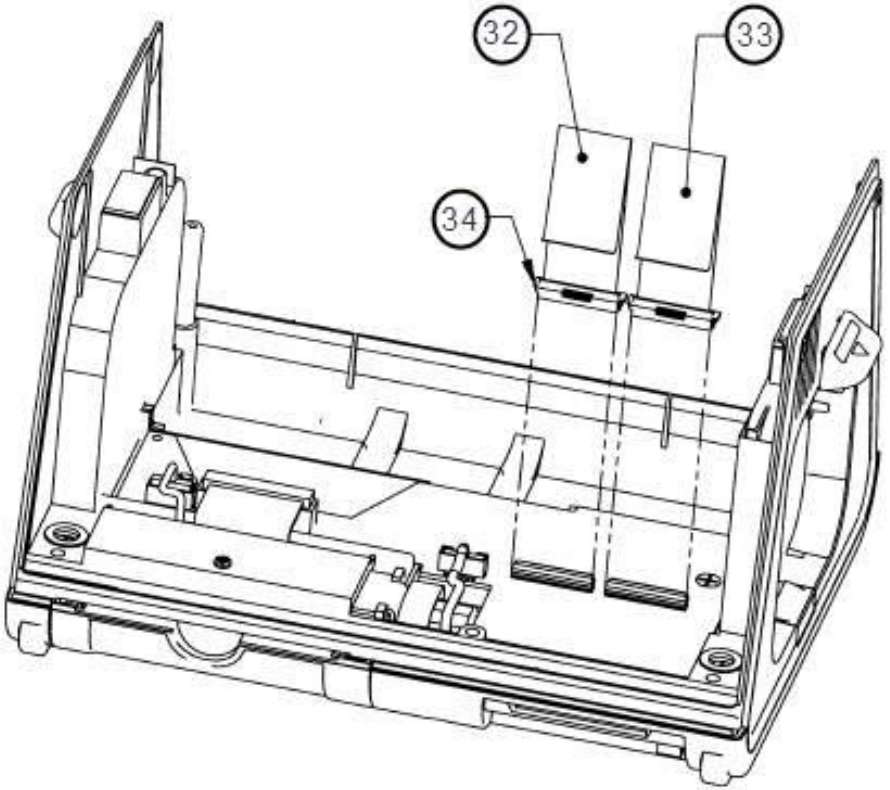
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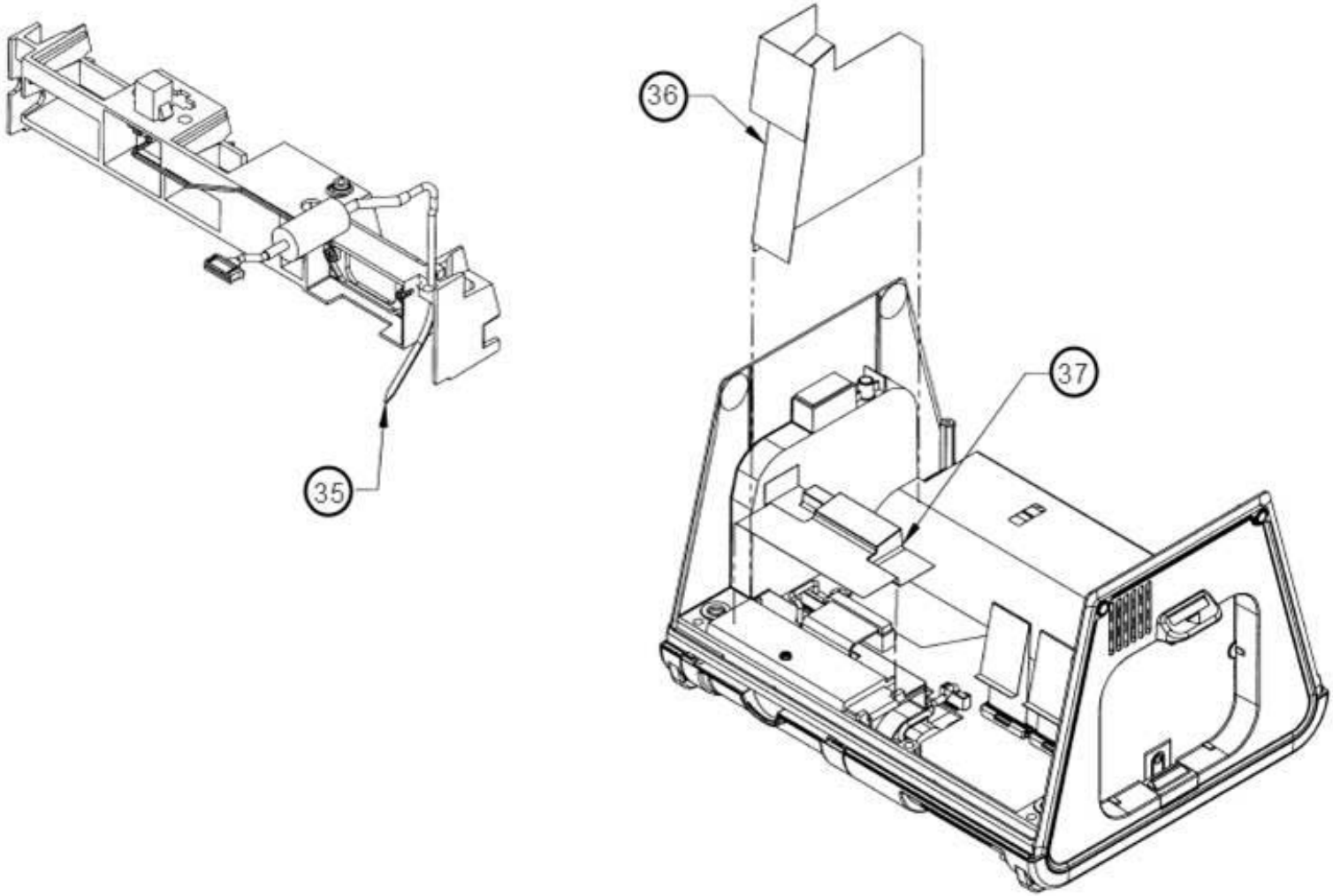
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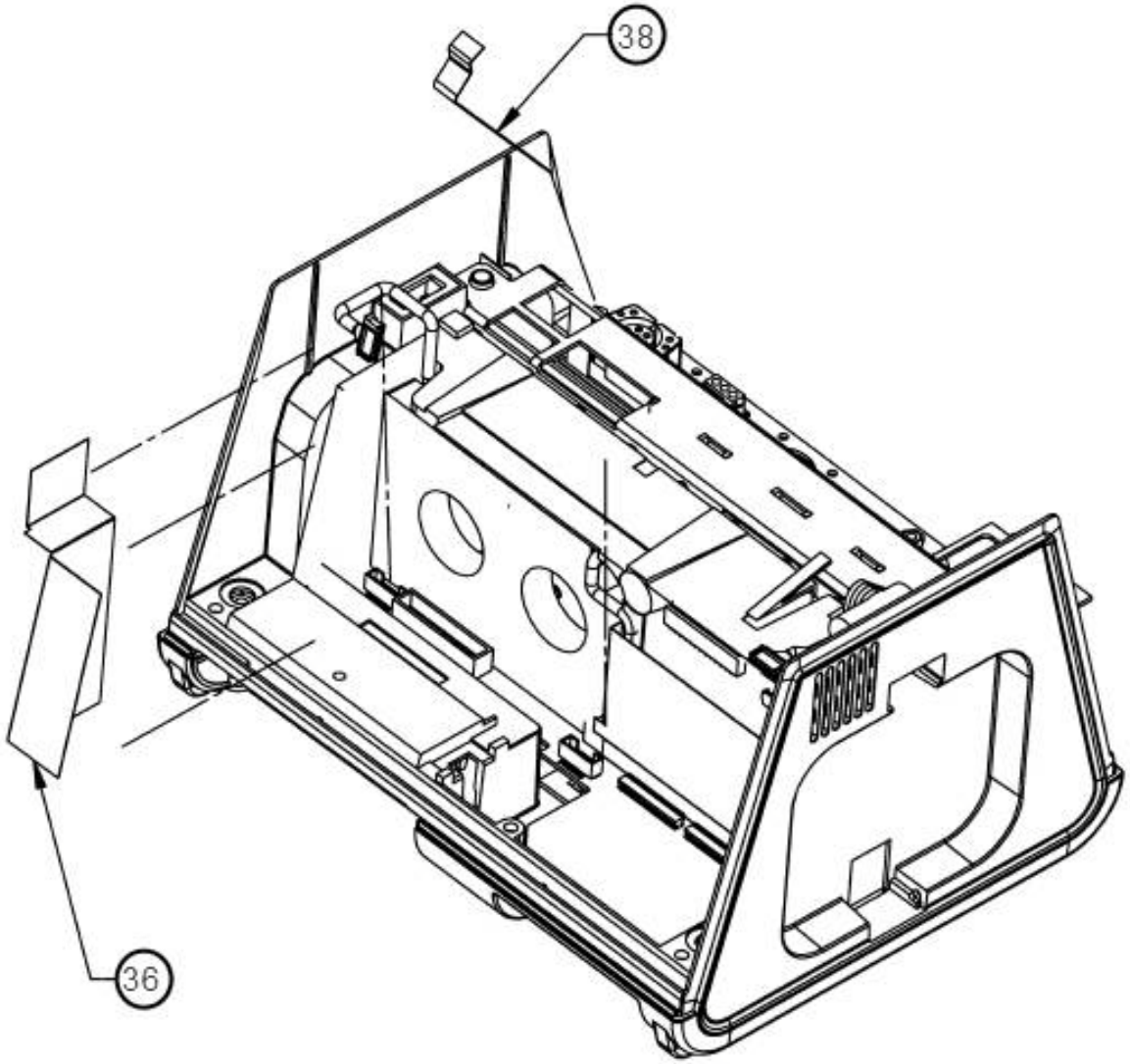
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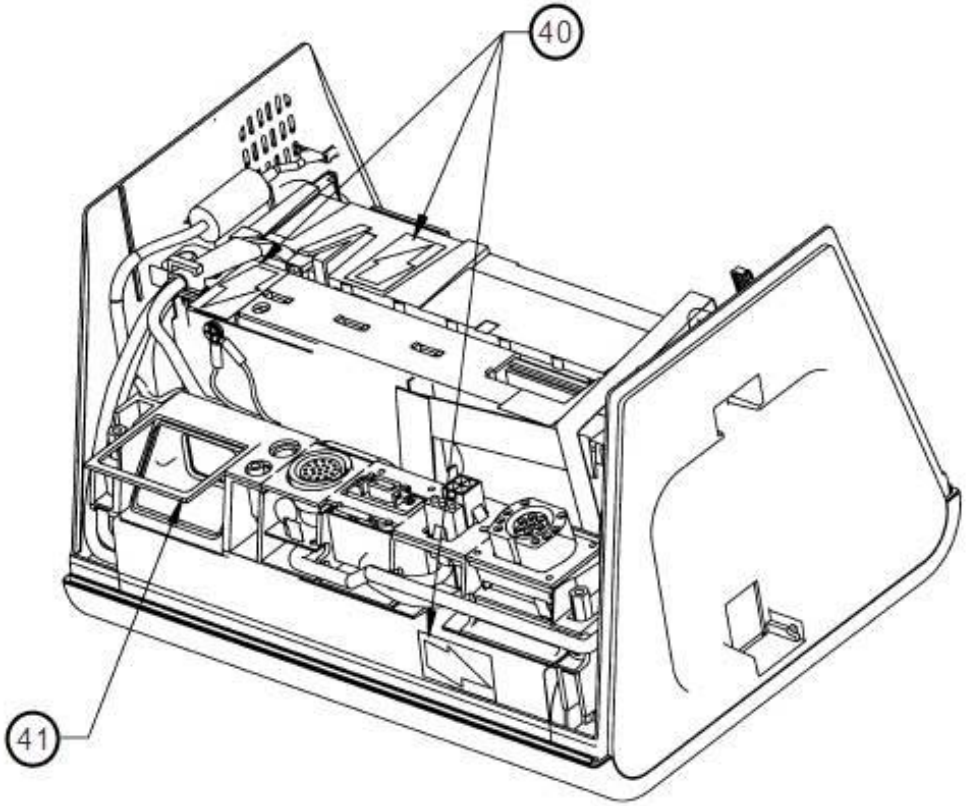
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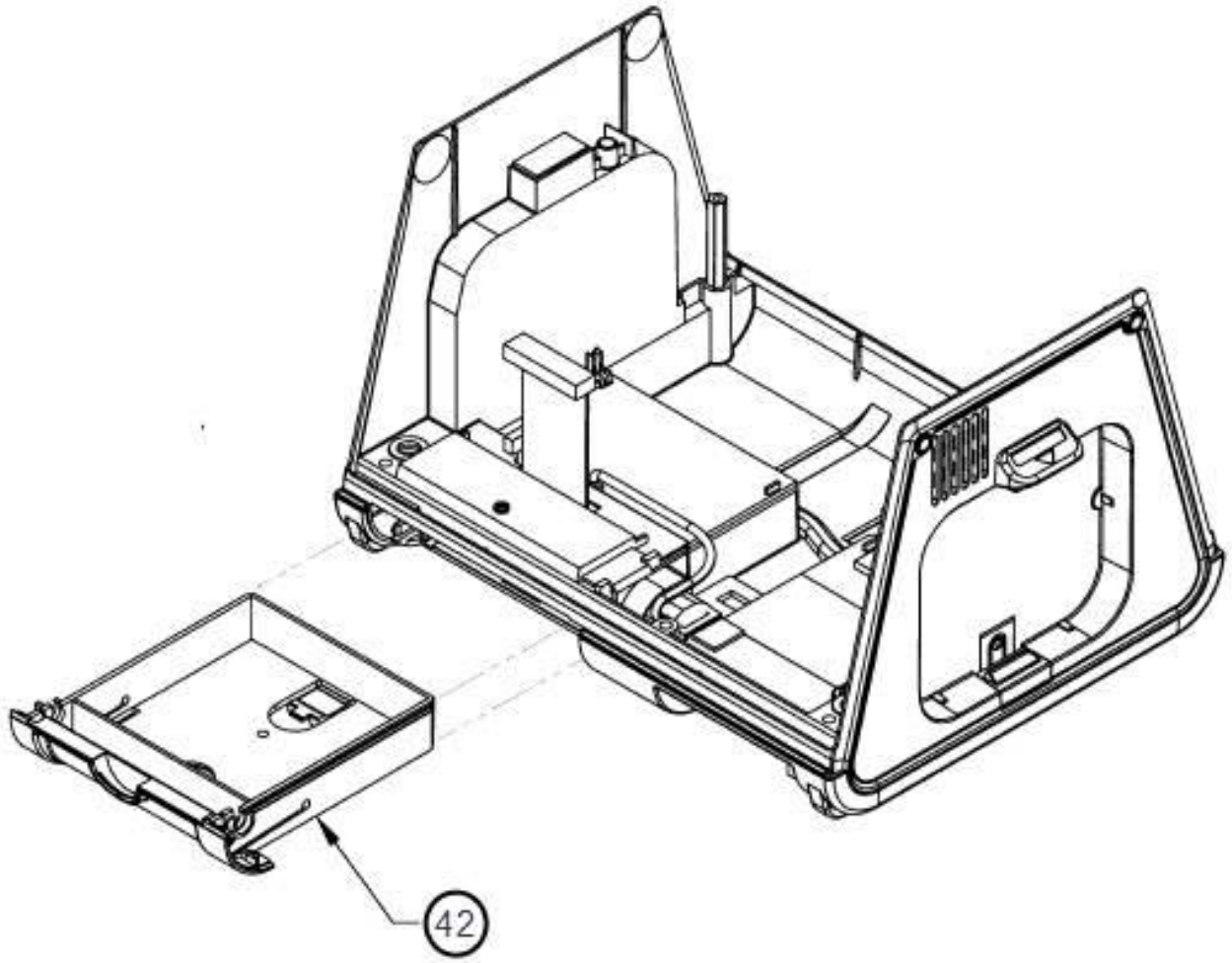
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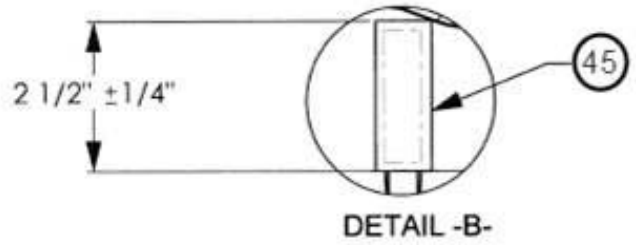

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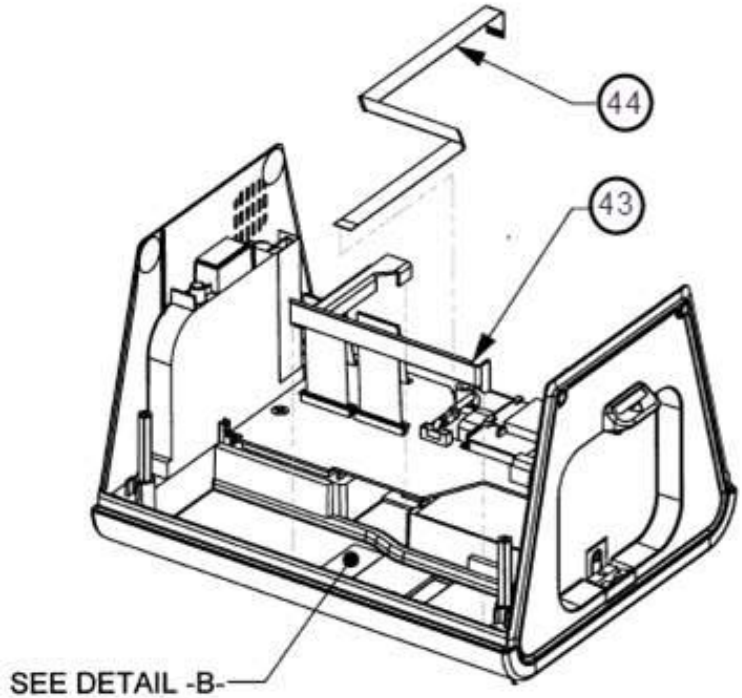

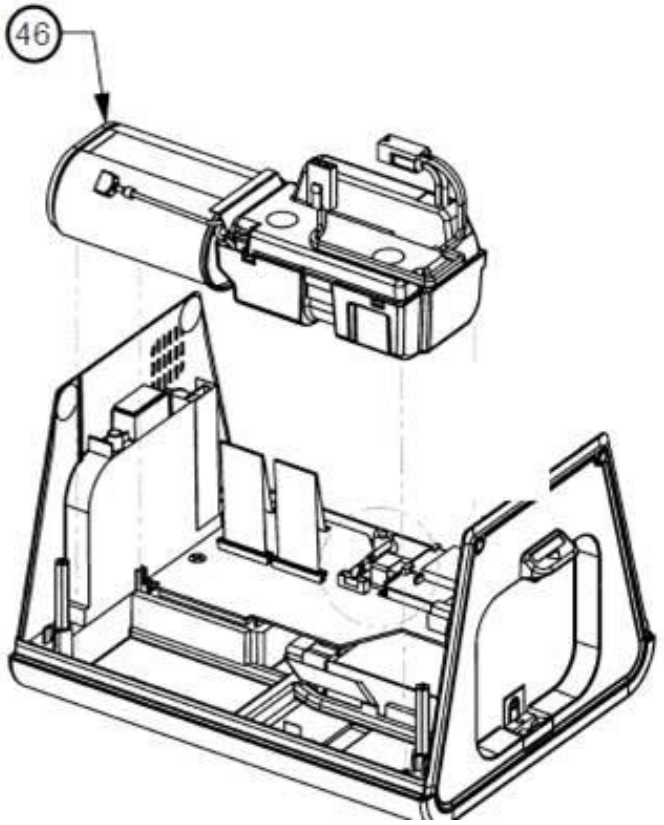

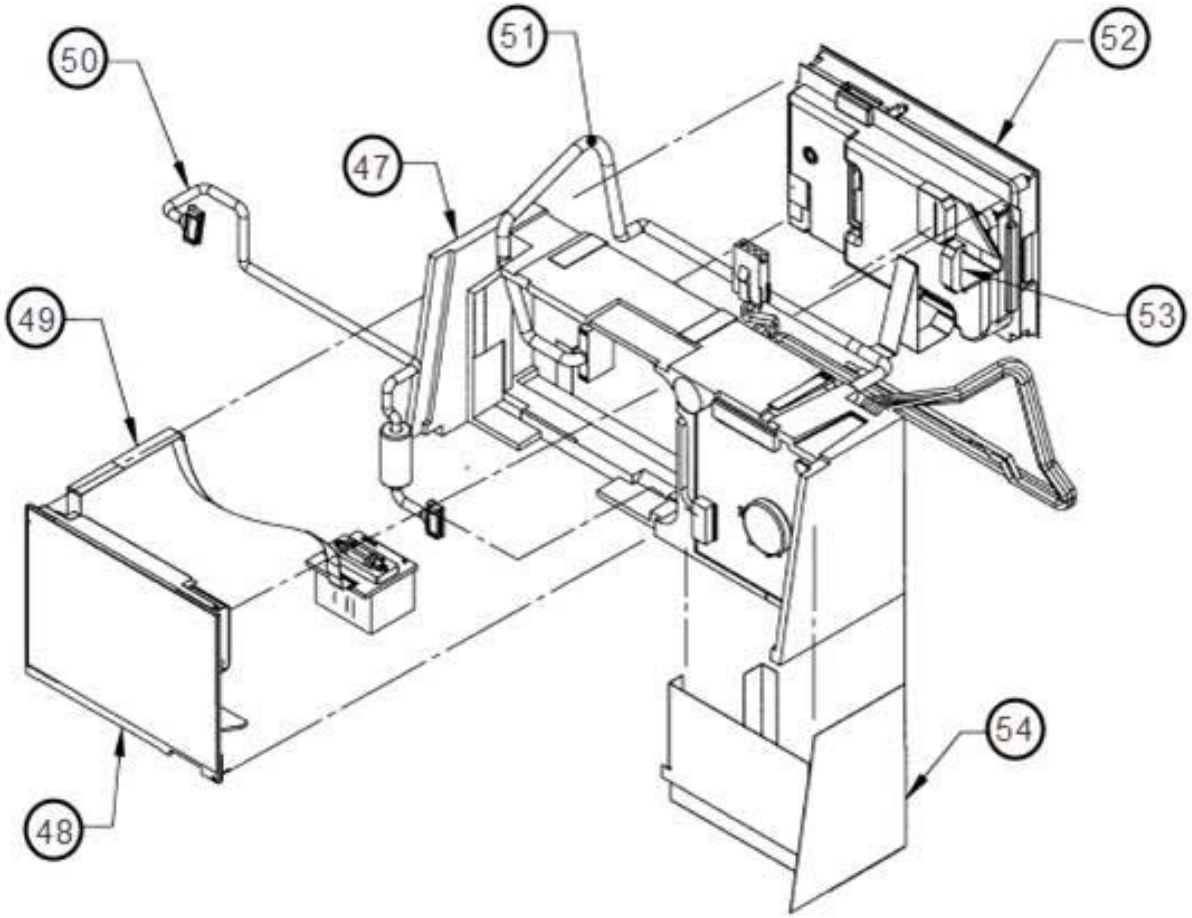
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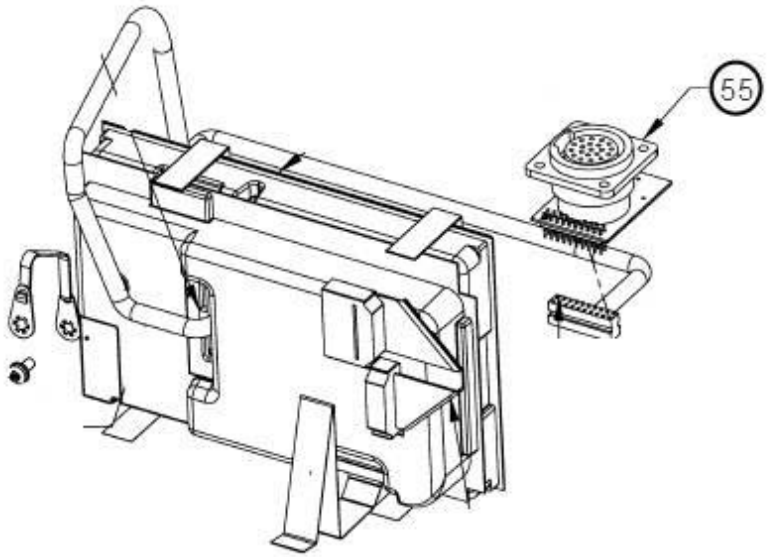
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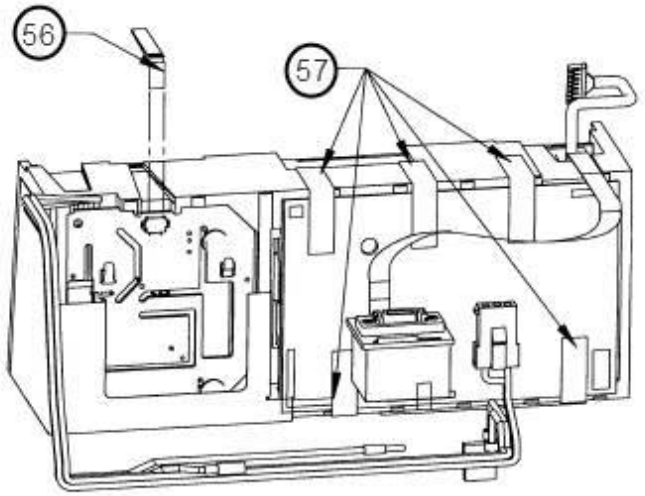
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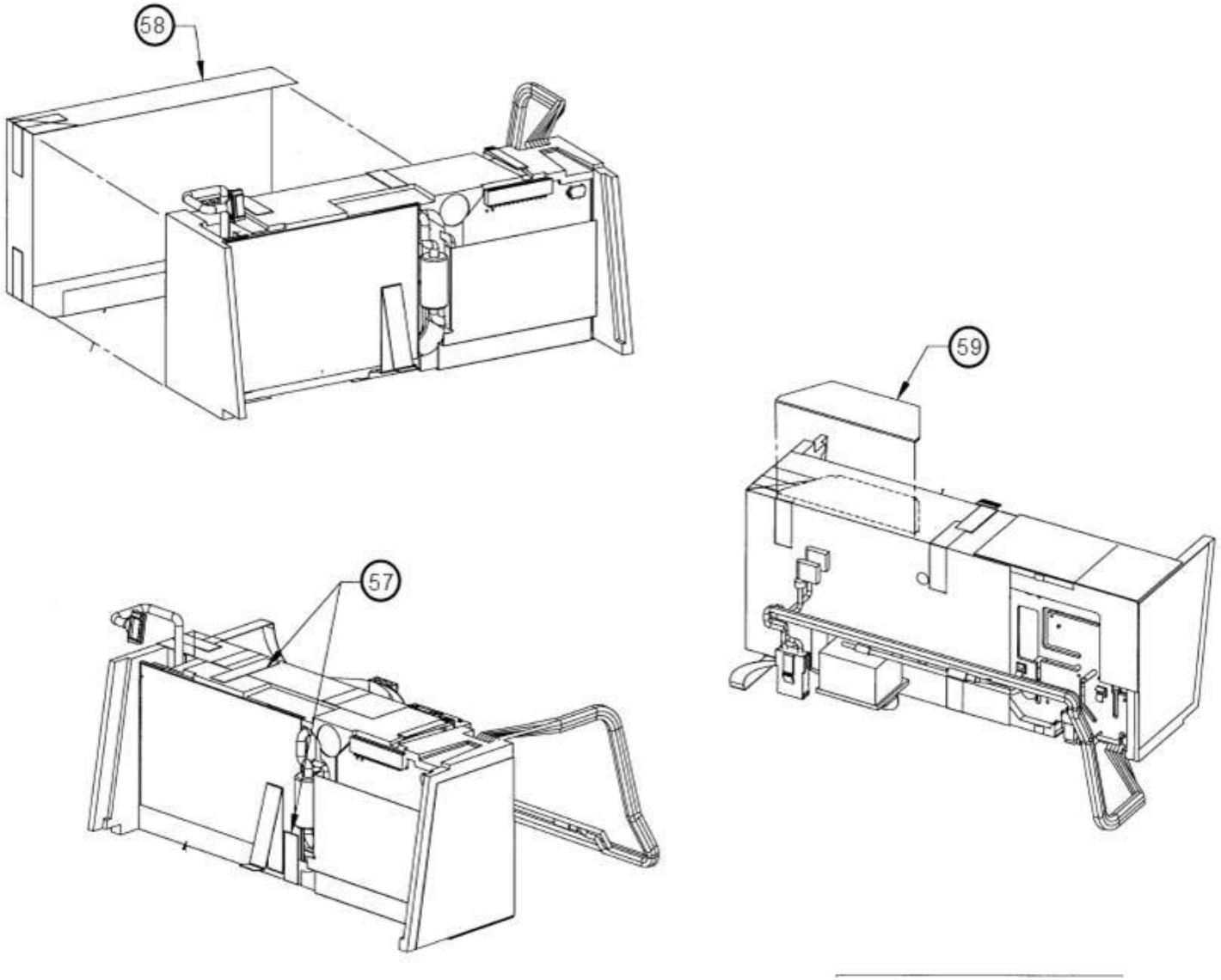
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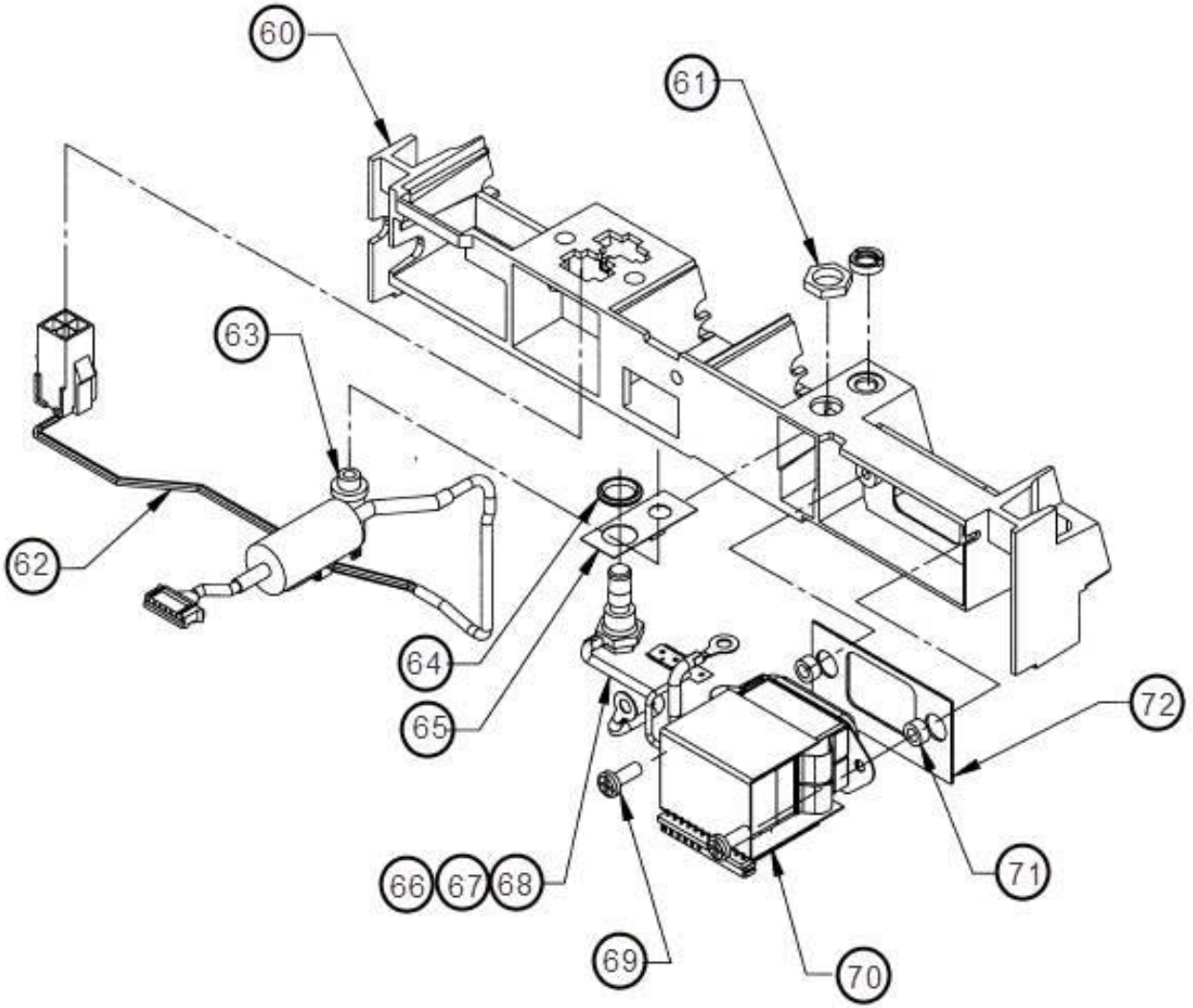
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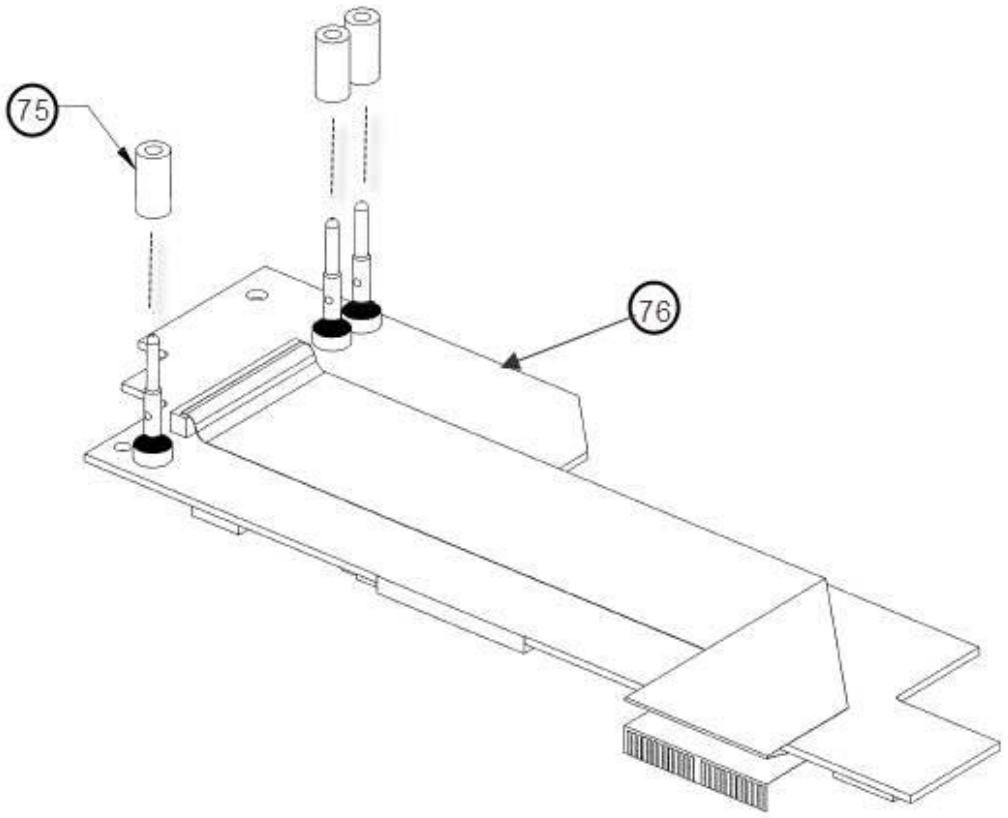
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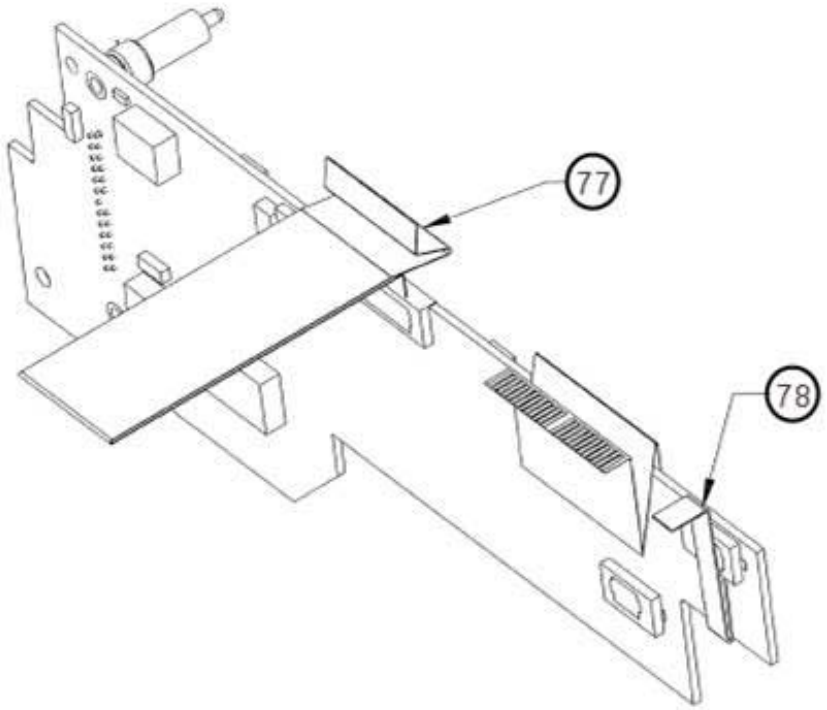
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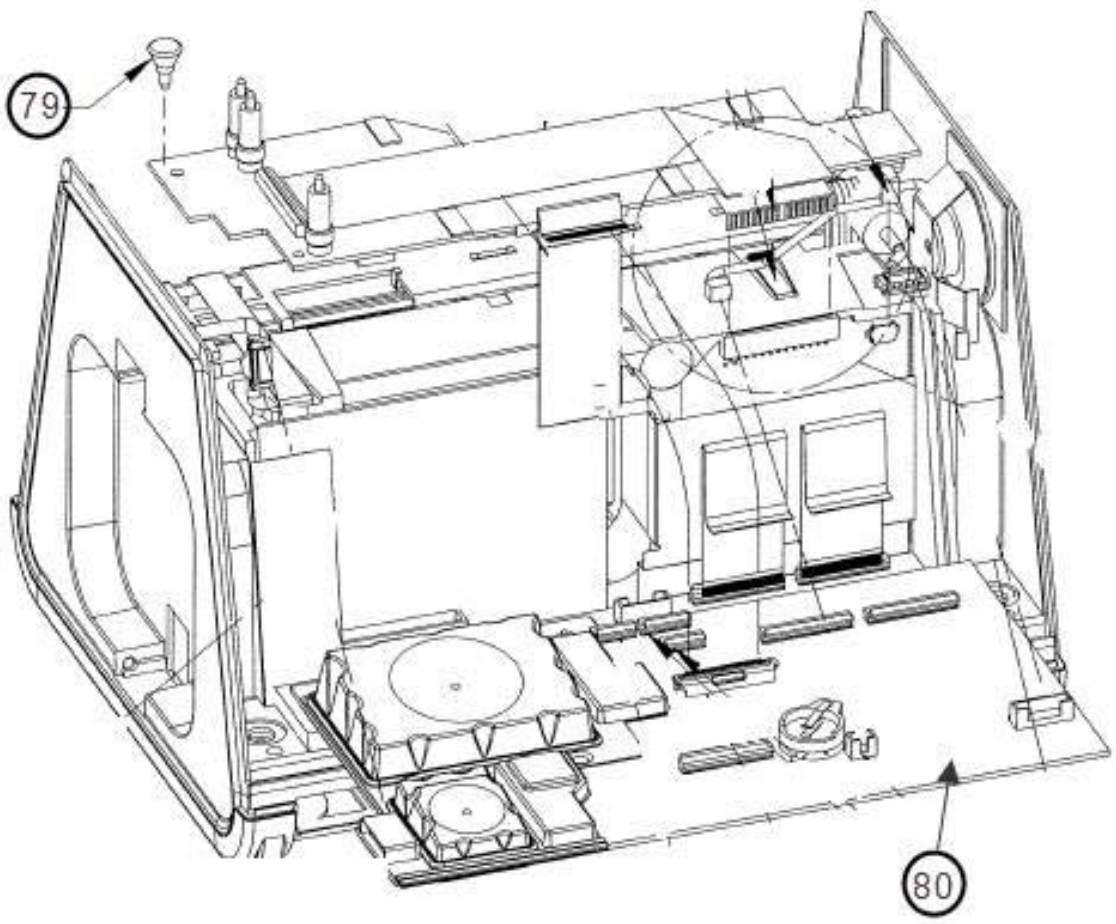
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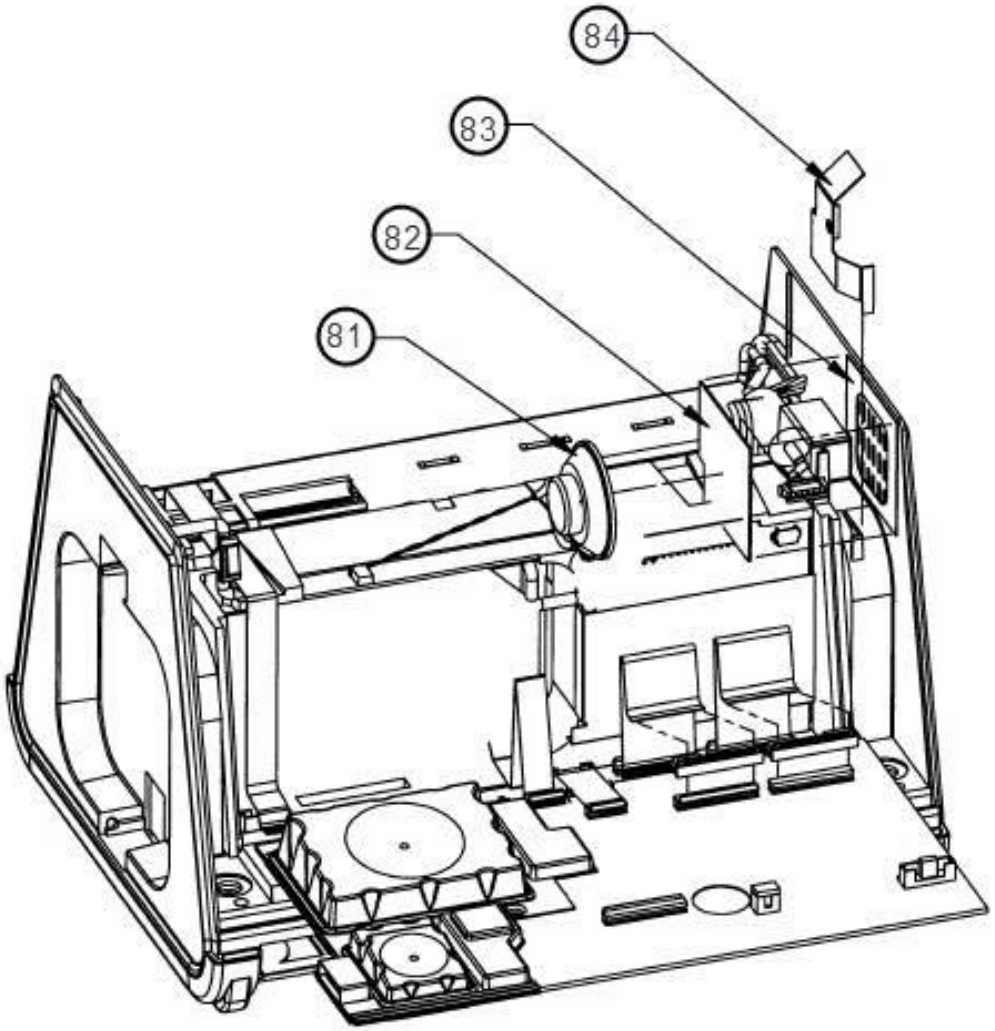
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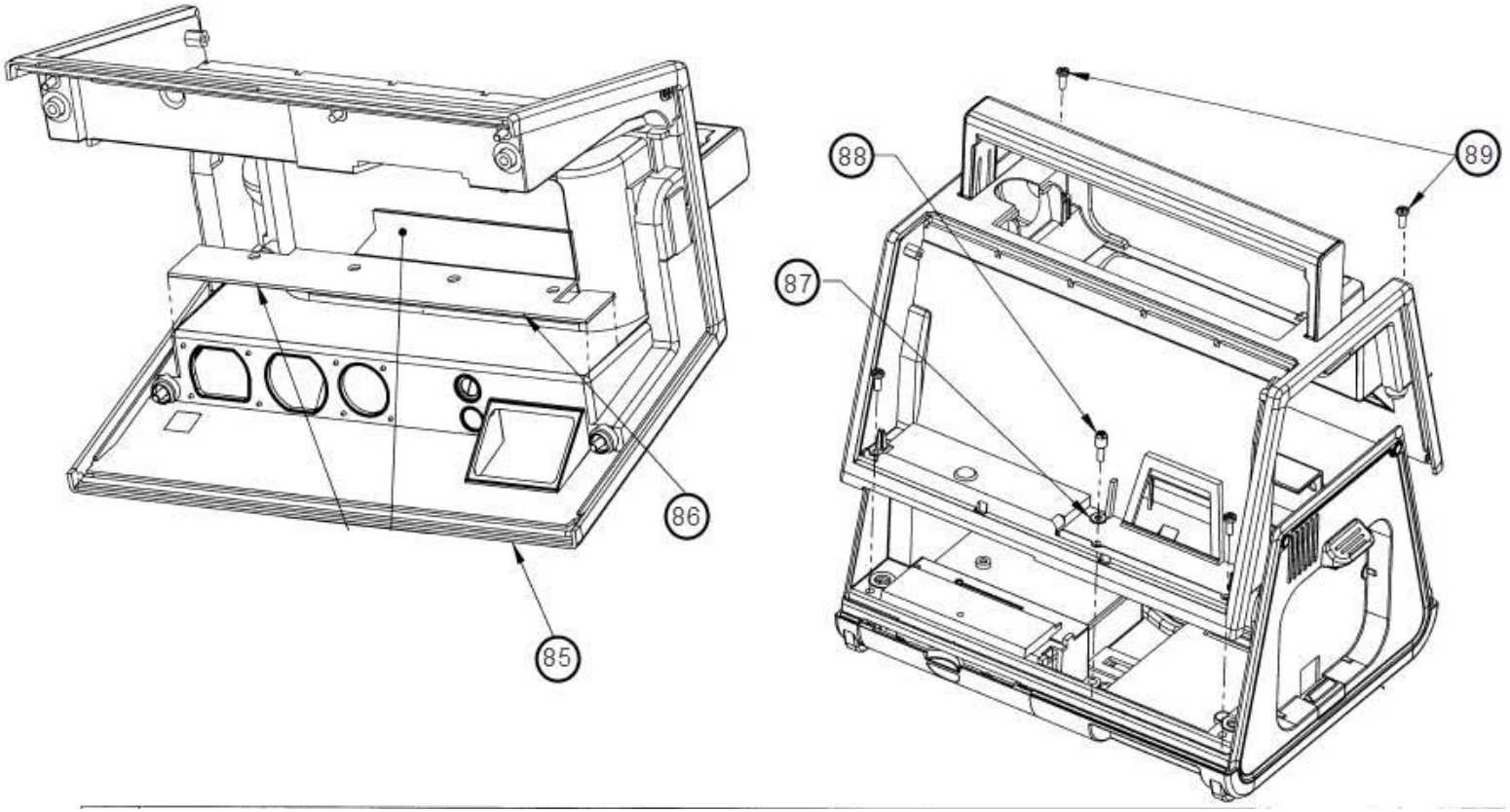
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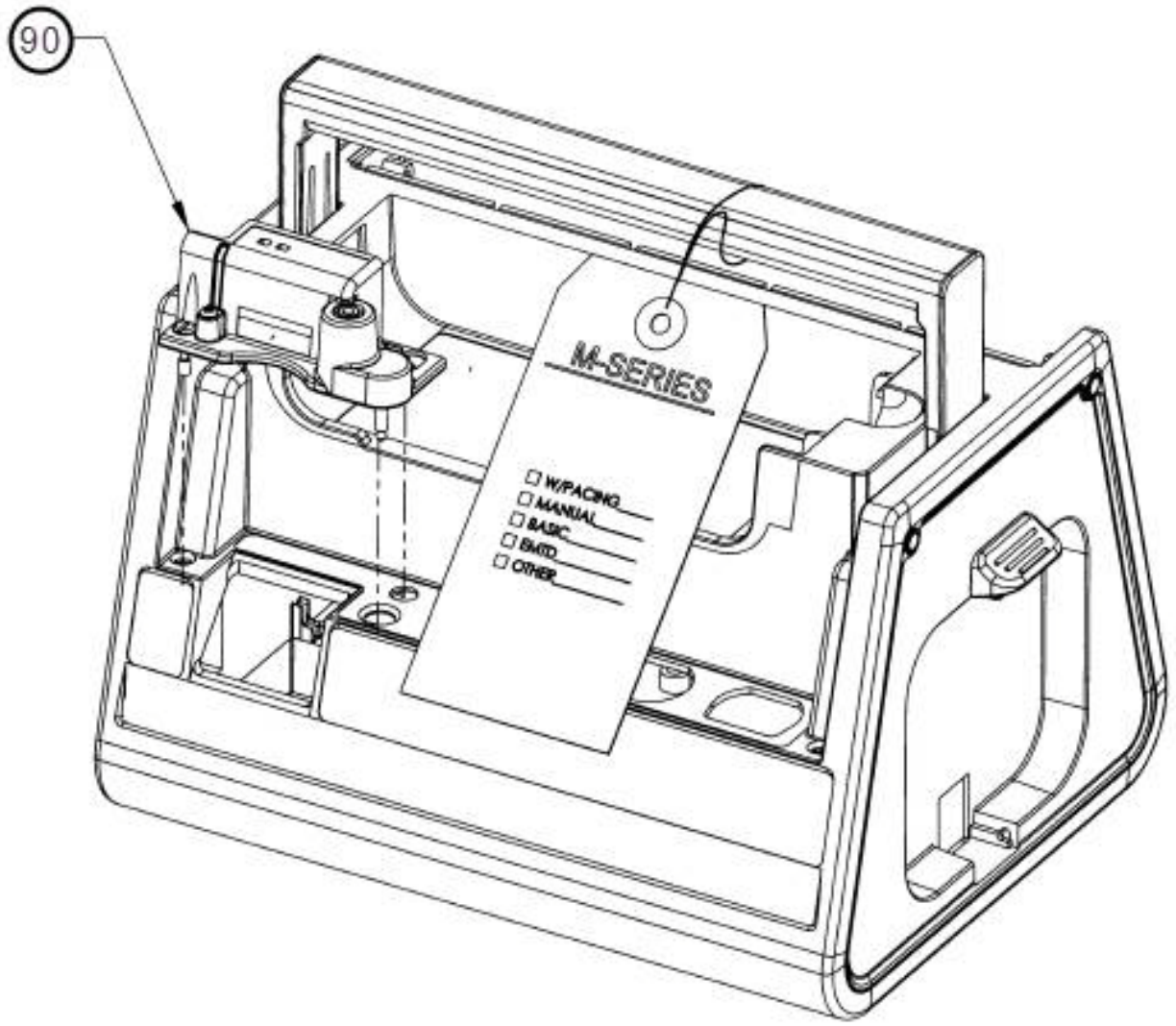
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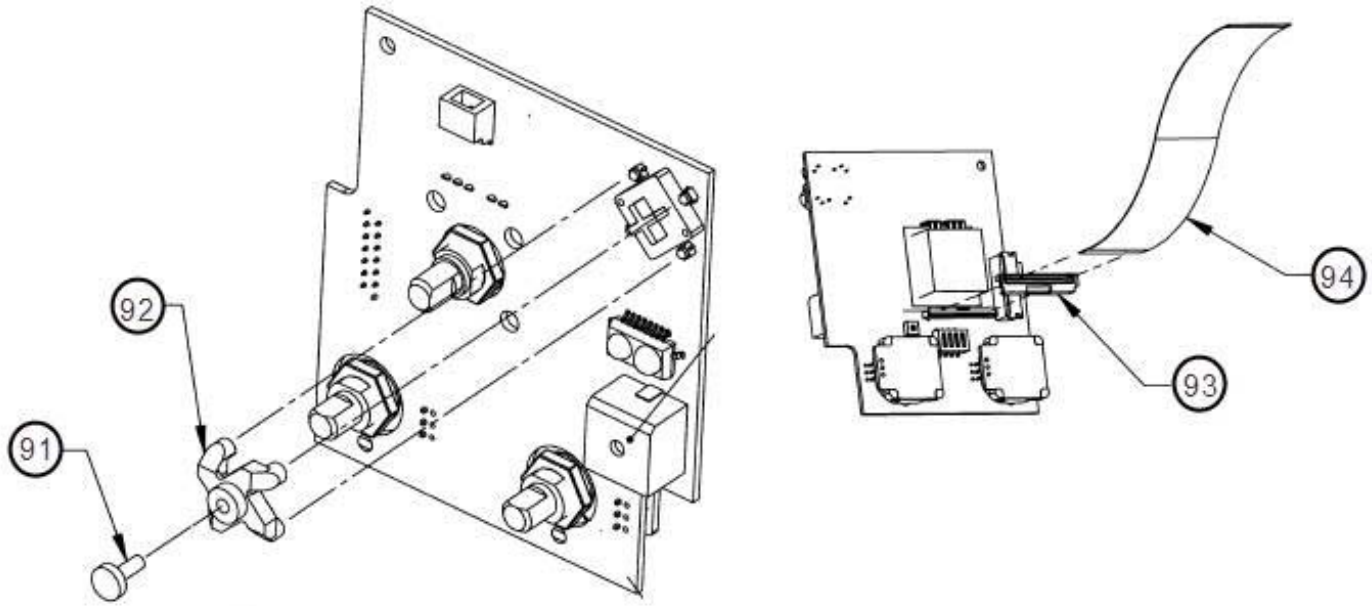
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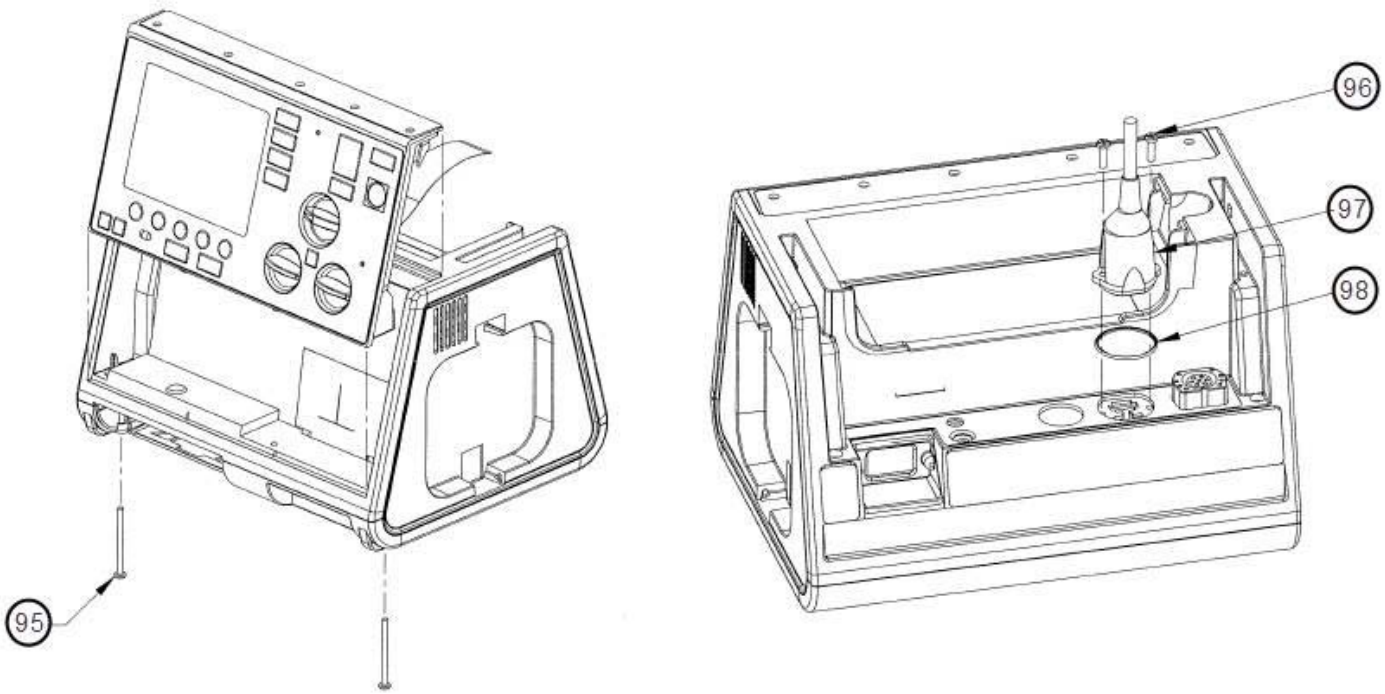
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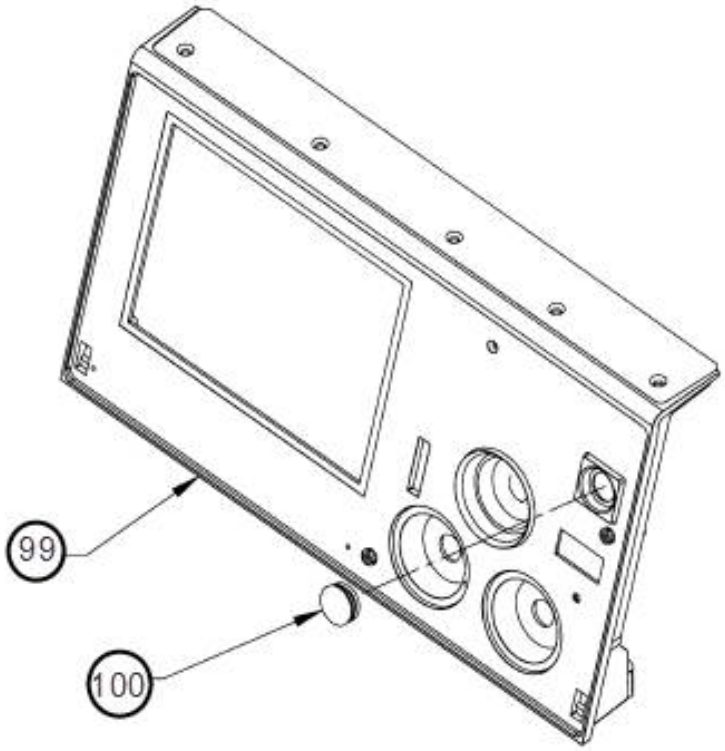
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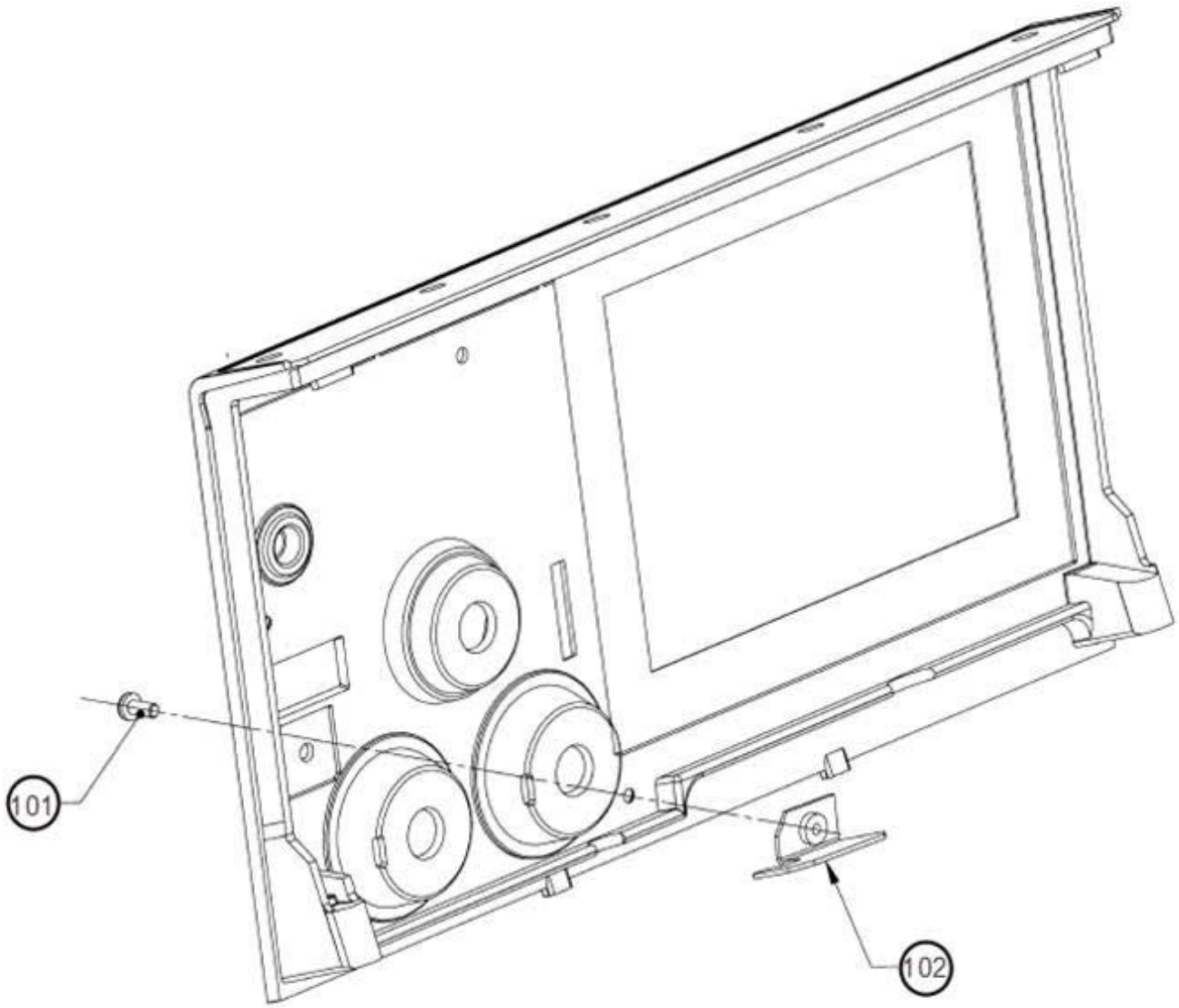
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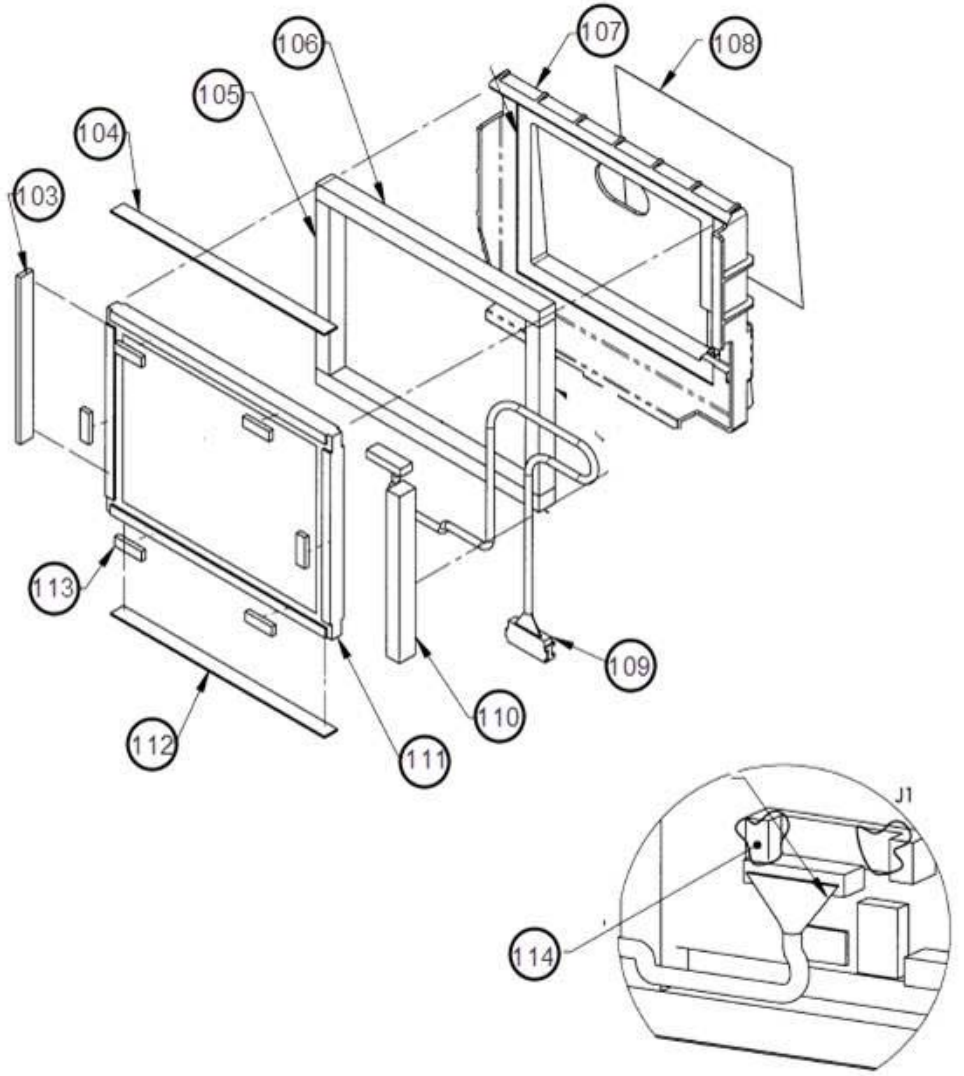
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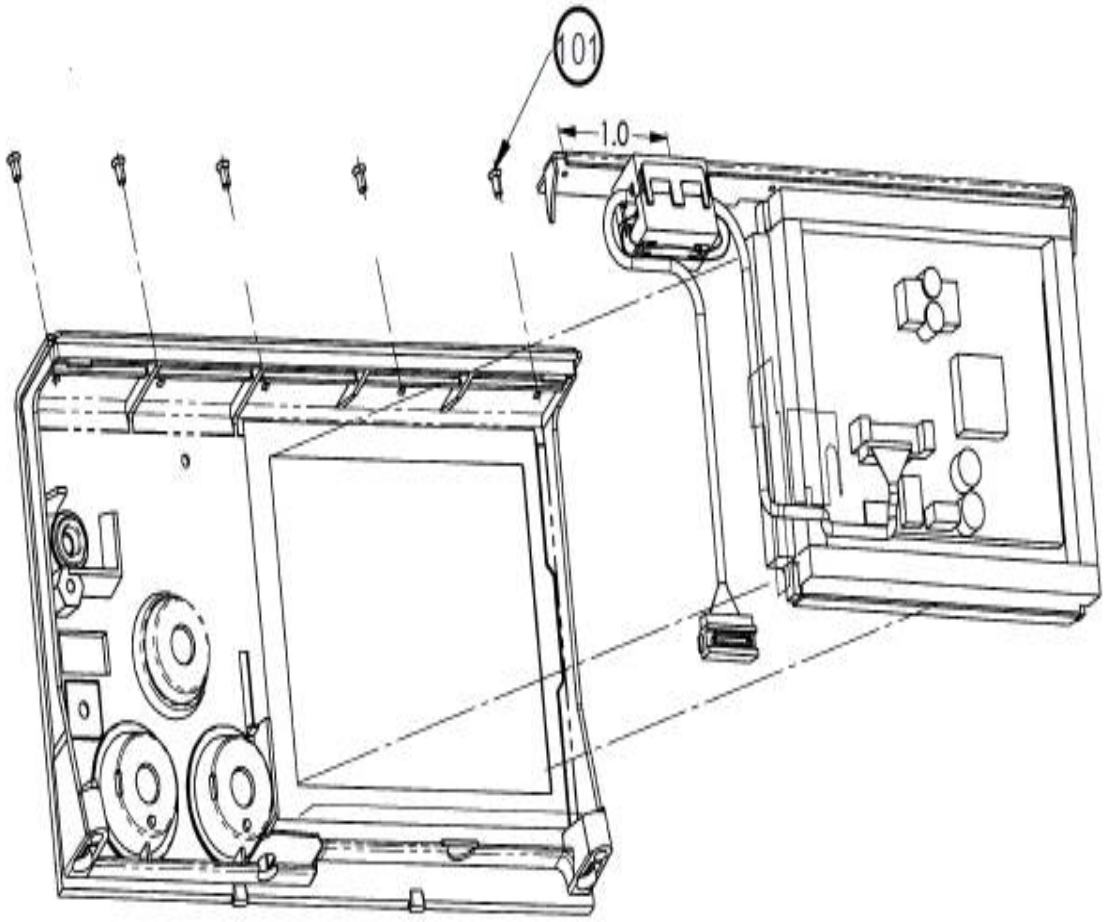
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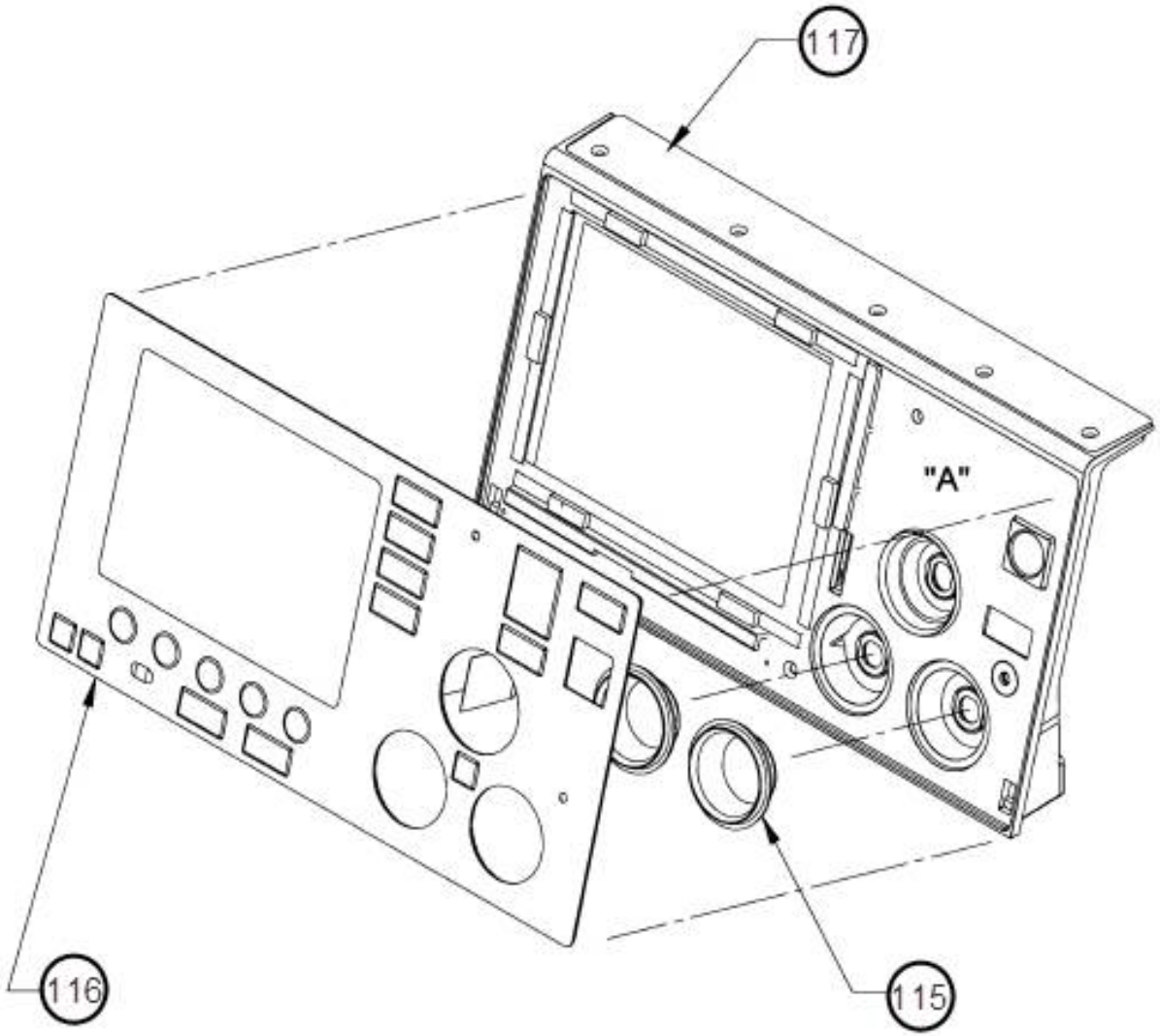
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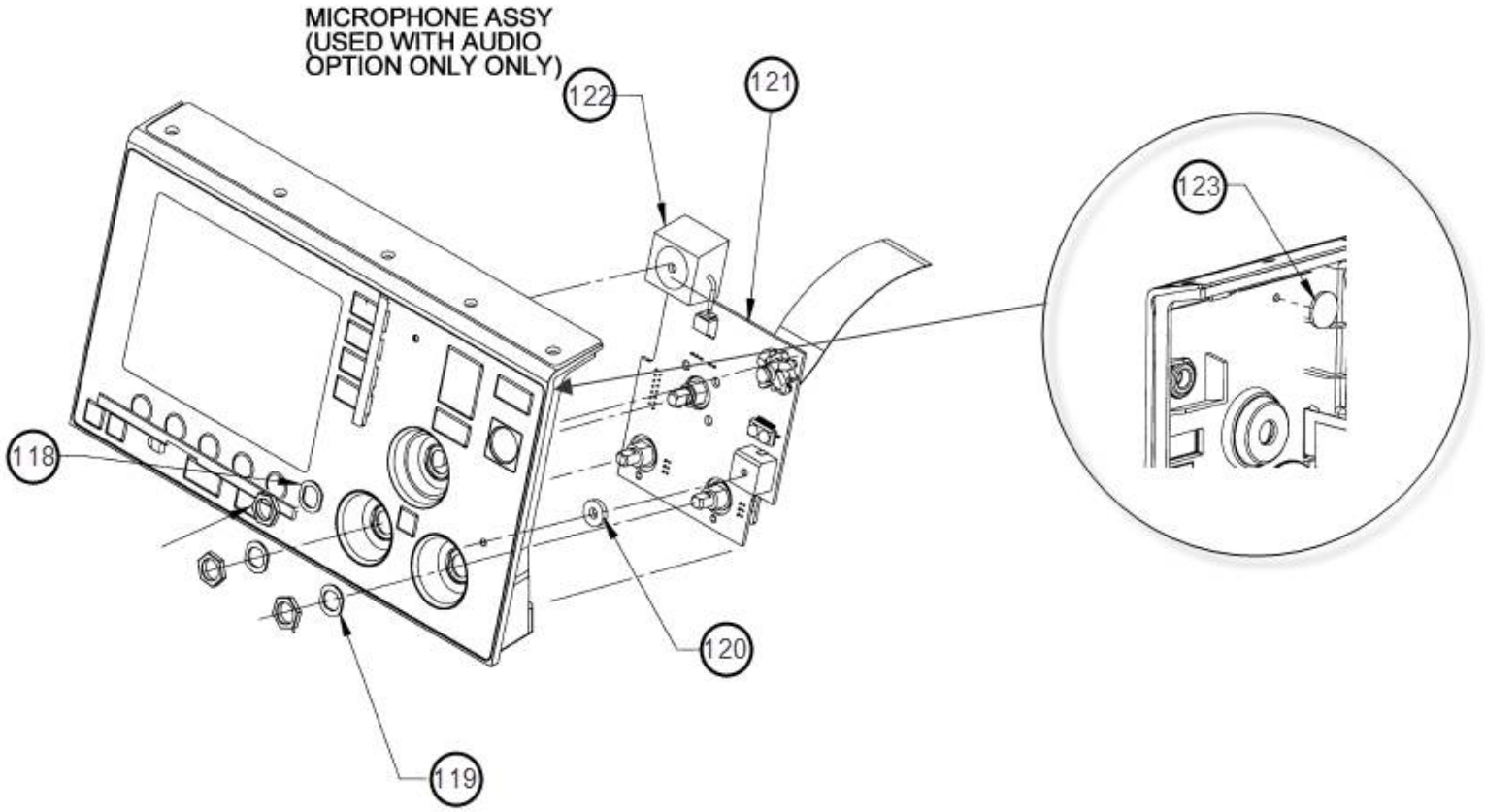
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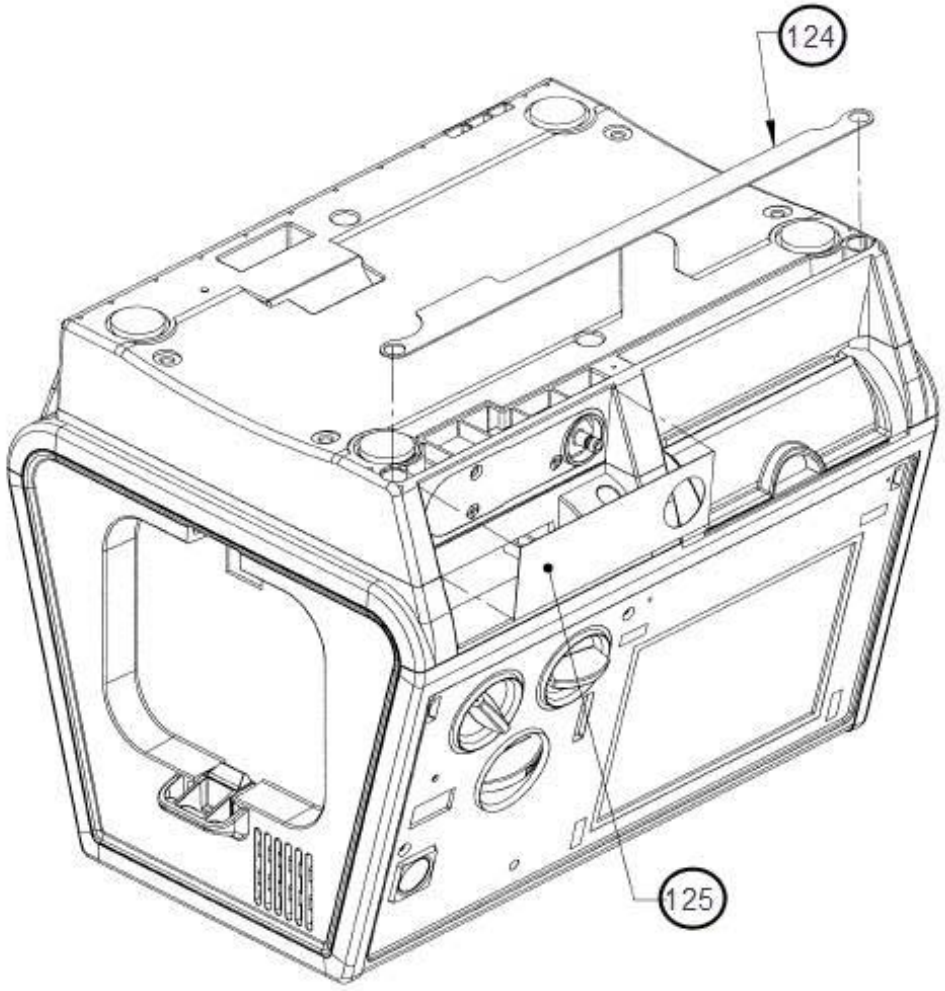
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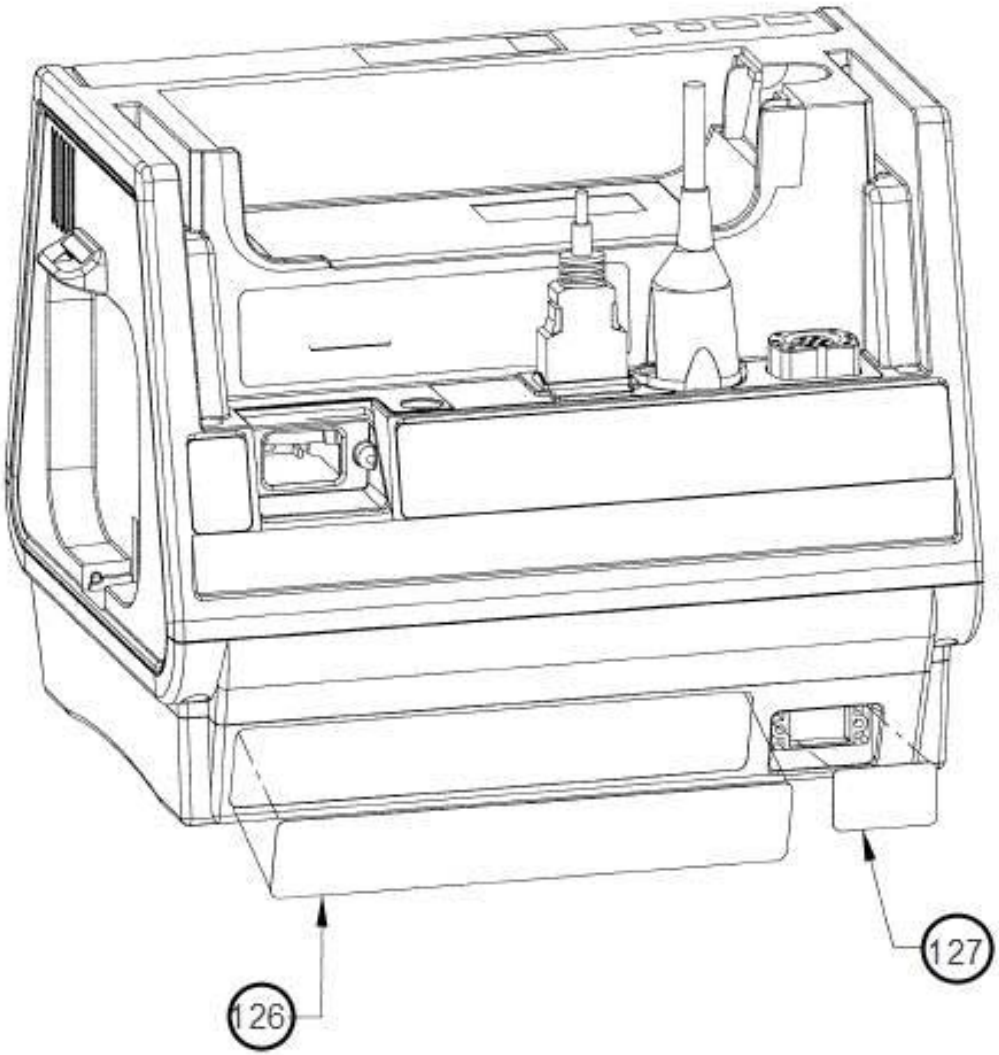
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Chapter 4
Functional Description

This chapter provides functional descriptions of the components contained in the ZOLL M Series and the M Series options. Refer to the interconnect diagram that delineates the different components of the defibrillator.

This chapter includes:

Main System Board

- Main System Board Functions
- Power Supply
- User Interface
- Audio I/O Module
- ECG Front End
- Multifunction (MFE) Paddles
- Main CPU and EPU

High Voltage Module

- Defibrillator Charging and Discharging
- High Voltage Capacitor Module
- Pacer and Defibrillator Control Signals
- Internal Discharge Resistor Module

AC/DC Charger

- AC/DC Charger Module

System Interconnect Board

Stripchart Recorder

PCMCIA Slots

Front Panel and Display

M Series Options

12 Lead Monitoring

Pulse Oximetry ($SpO_{2)}$

End Tidal Carbon Dioxide ($EtCO_{2)}$

Biphasic Module

Main System Board

The M Series electrical circuitry consists of several functional modules. Each module is physically located on one or more of the printed wiring board assemblies (PWBA). In some cases, a functional module is distributed across several assemblies within the unit. The main components of the M Series include:

- Display
- Main System Board
- High Voltage Module
- AC/DC Charger
- Battery Interconnect Module
- System Interconnect Module
- High Voltage Capacitor

Some units are equipped with M Series options. These options include:

- 12 Lead ECG
- Pulse Oximetry (SpO_2)
- End Tidal Carbon Dioxide ($EtCO_2$)
- Biphasic Defibrillation Waveform

Refer to the M Series Interconnect diagram to identify unit components described in this manual.

MODULE	LOCATION
Main Central Processing Unit (CPU) and ECU	Main System PWBA
Pacer/Defib Charging and High Voltage Control (Defib/Pace)	High Voltage Module Biphasic Bridge Module
Internal Discharge Resistor	HV Module
AC or DC Power Supply/Battery Charger	AC Charger PWBA DC Charger PWBA Main System PWBA
ECG Front End Signal Acquisition	Main System PWBA
Battery Pack or Smart Battery™	Battery Interconnect PWBA
User Interface and Controls	Controls PWBA
PCMCIA Interface	System Interconnect, Main System
Stripchart Recorder	System Interconnect, Main System
Audio I/O (optional)	Main System PWBA Audio Display PWBA Controls PWBA
SpO_2 (optional)	Pulse Oximetry PWBA Isolated Power Supply PWBA
$EtCO_2$ (optional)	$EtCO_2$ PWBA Isolated Power Supply PWBA
12 Lead (optional)	Main System PWBA

Main System Board Functions

The Main System Board contains the major computing and control elements for the M Series unit. The printed wiring board assembly (PWBA) receives signals from the front panel control switches, ECG input connectors and functional modules, such as the AC/DC charger, pacer/ defibrillator modules, stripchart recorder and PCMCIA card interfaces, and if applicable, the SpO_2 and $EtCO_2$ modules. The Main System Board monitors and processes these input signals to produce other signals that: 1) control the operation of other modules within the system; 2) drive the unit's front panel display and audio outputs and; 3) store data for retrieval via Summary Reports, PCMCIA cards and/ or a modem.

The electronic circuitry and software contained on the main system board performs the following major M Series functions:

1. Main CPU and memory.
2. ECG signal acquisition and processing for ECG leads including,
   - •A/D conversion.
   - •ECG signal filtering.
   - •QRS detection.
   - •Implanted pacemaker detection.
   - •Heart Rate counting.
   - •Shockable ECG rhythm analysis.
3. Data communications with and control over the SpO_2 and $EtCO_2$ modules.
4. Control over and safety monitoring of pacer and defibrillator functions performed by the High Voltage module and Biphasic Bridge module.
5. Physiological alarm processing.
6. Control switch monitoring for the front panel, accessory connection monitoring and control over the system response to switch activation or accessory connection to the M Series.
7. Format and updating of the front panel display.
8. Primary power supplies for the unit.
9. Audio output generation and control (e.g., alarms, voice prompts, warning tones).
10. Audio signal processing, data compression and storage of voice recording data.
11. Real time clock and other time keeping functions.
12. Summary Report, 12 Lead ECG Reports data storage.
13. Monitoring of battery status and control over Battery Charging functions performed by the AC or DC Charger PWBA.

14. Data transmission to and control over the System Interconnect PCB functions, including the stripchart recorder and the PCMCIA slot functions.

Power Supply

The power supply converts DC power from a removable battery or the AC/DC Battery Charger module to voltages required by the M Series hardware.

The power supply circuit converts the raw battery or the Charger PWBA output voltages of +8.5 VDC to +16 VDC into the voltages shown in the table below, including load and line regulation.

VOLTAGE	DESCRIPTION	VOLTAGE VDC (Nominal)	COMMENTS
FUSE_PWR	Fused Input Power from Battery/Charger	12	
SW_PWR	Switched Input Power after Power Switch	12	
3VDD	+ 3.3 VDC Power for Digital circuits	3.3	Switching @ 300 kHz
5VDD	+ 5.0 VDC Power for Digital circuits	5.0	Switching @ 300 kHz
-5VSS	- 5.0 VDC Power for Analog circuits	-5.0	Linear
12VEE	+ 12.0 VDC Power for Analog circuits	12.0	Linear
15VDD	+ 15.0 VDC Power for VPP and 12VEE	15.0	Switching @ 300 kHz
LCD_BS	LCD BIAS Power for LCD display	- 18	Switching @ 100 kHz

3_3REF	+ 3.3 VDC Reference	3.3	Linear

ECG Front End

The ECG front end provides an electrically isolated serial interface between the main system board functions and patient interface ECG connectors. It performs the following:

- Analog ECG amplification and signal conditioning.
- Pacemaker pulse detection.
- ECG signals acquisition and analog to digital conversion.
- ECG 3/5/12-lead detection.
- ECG leads off detection.
- Front-end defibrillator protection.
- Isolated power conditioning.
- Patient impedance measurement via MFE or paddles.

Multifunction Electrode (MFE)/PADS (System Board and High Voltage Module)

Selected for optimal performance for the application, a dedicated ECG amplifier with a limited bandwidth processes the signal. It is then chopper modulated and coupled to the system side via an isolation transformer. On the system side, the signal is synchronously demodulated, converted by a 10 bit A/D at 250 samples per second and digitally processed by the main control unit of the system board.

To measure thoracic impedance, a high frequency (HF) measuring current passes through the patient’s chest and measures the resulting voltage across the electrodes. After amplification, the impedance signal is synchronously demodulated. It is then converted to a stream of pulses with frequency proportional to the measured impedance.

CPU and EPU

The Main System Board contains two microprocessors. A Motorola HC-11 single chip microprocessor is used to acquire, convert and process ECG signals, (ECU). An Hitachi SH-3 RISC microprocessor acts as the system's main CPU. The SH-3 CPU and has an integrated on-chip multiplier, a cache memory, a memory management unit as well as data protection and virtual memory functions. It also has a timer, a real time clock, an interrupt controller, a serial communication interface (SCI), and other peripheral functions necessary for the system operation. The memory circuitry includes Flash ROM, internal flash non-volatile memory and DRAM.

The EPU acquires ECG data and runs the A/D convertor that sends data in the form of a serial stream to the CPU.

High Voltage Module

The High Voltage (HV) module includes the high voltage circuitry required for pacing and defibrillation, including the defib charge circuitry, solid state patient relay, safety relay, defib capacitor, defib choke and front end protection circuitry for the MFC ECG. There are two different types of HV Modules: a damped sinusoidal waveform HV module and a Biphasic (HV) module.

The following table describes the high voltage board components:

Component	**Function**
Solid State Patient Relay	Controls the delivery of therapeutic energy to patient.
Safety Relay	Discharges Defib capacitor into the internal discharge resistor when defibrillator is not in use.
Defibrillator Capacitor	Stores energy for therapy.
Defibrillator Choke	Conditions waveform delivered to the patient.(DSW)
Front End Protection Circuitry for the MFC ECG	Protects ECG front end against defibrillator pulses.
Monophasic HV	Provides damped sinusoidal waveform therapeutic energy. (Monophasic units only.)
Biphasic HV	Provides biphasic waveform therapeutic energy. (Biphasic units only.)

Defibrillator Charging and Discharging

The defibrillator charges and discharges high voltage capacitor energy. A user can initiate a charge in three ways by 1) pressing the charge button on the front panel; or (2) pressing the charge button on the paddles; or (3) configuring unit to charge automatically when it detects a shockable rhythm following an ECG analysis. To initiate a discharge, a user depresses both shock buttons on the paddles or depresses a single shock button on the front panel.

The defibrillator circuit charges the high voltage capacitor to the energy level the user specifies.This circuit also provides feedback to the main system board on the high voltage capacitor's voltage level and discharges the high voltage capacitor energy through paddles or the universal cable. The defibrillator portion of the high voltage circuitry is active only when the front panel selector switch is set to DEFIB.

Charging

The charging process starts when the Main System Board detects a charge request. The defibrillator circuits begin charging the high voltage capacitor to the target voltage or energy that the user selects on the front panel display. The Main System Board continuously monitors the capacitor voltage signal to ensure that the high voltage capacitor charges at the proper rate. When the target voltage is reached, the Main System Board initiates a continuous beeper tone to indicate that defibrillator is ready to discharge. The target energy level displays on the display screen.

The defibrillator holds the energy for 60 seconds for manual units and 15 seconds for AED units, refreshing the energy level as necessary. An intermittent beep tone sounds during the last ten seconds (five seconds for AED unit) of the hold period. After the 60 second period, if the defibrillator has not been discharged, the energy is dissipated into the internal discharge resistor by closing the safety relay (XSAFREL). The unit discharges internally and displays a warning message if it is not functioning properly.

Unlike previous ZOLL designs that isolated the patient from defib circuitry via an electromechanical patient relay, the M Series utilizes a bank of silicon-controlled rectifiers (SCRs). As the defibrillator capacitor is charged, the voltage is monitored via R1 - R4, which drive differential amplifiers referred to the system ground. These resistor dividers split the capacitor voltage more or less equally above and below ground in order that the positive capacitor terminal is approximately 2500 volts above ground, and the negative capacitor terminal is approximately 2500 volts below ground (at 360J setting). The voltage at the patient electrodes is set by the divider RN1 and RN2. These networks are each 5X 25 M (125 M total) whose total resistance is specified to be 125 M +\- 1%. As a result, the patient is nominally at ground and the hot switch bank is split into a ‘positive’ side and a ‘negative’ side.

Discharging

Initiating a discharge provides voltage to the solid state patient relay and notification to the Main System Board through the PADMON signal. The Main System Board then controls activation of the solid state patient relay (for DSW only). Energy delivered to the patient goes through a wave shaping inductor to create a defibrillation waveform compliant with AAMI Standards. When the patient discharge SCRs are deactivated, the safety relay closes to internally dissipate any remaining energy.

If the M Series is in the self test mode, the energy is delivered internally. The microprocessor calculates the actual delivered energy from the current waveform and displays a TEST OK message on the display, if the self test meets the appropriate criteria. If the criteria are not met, a TEST FAILED message displays.

High Voltage Capacitor Monitor

Before charging the defibrillator, the High Voltage Capacitor monitor runs a self test to check the pace relay. The pace relay controls the high voltage circuitry configuration either for generating pace pulses or for charging the high voltage defibrillation capacitor.

The defibrillator capacitor is shunted for safety reasons with a resistor and relay to internally dissipate any energy remaining. When the Main System Board initiates a charge, this relay opens by providing a low level on signal XSAFREL. The safety relay is a biased reed switch. The relay is driven by Q318.

The pace relay driver is a grounded source switch Q308 that is biased on by R593. It is held off by Q330 when XPACEREL is '1' false. When XPACEREL comes true, Q330 is turned off, and Q308 is no longer clamped off.

The high voltage capacitor is charged by converting the system battery voltage to a pulsed high voltage by way of transformer T1. The basic operating frequency signal that is used to switch transistor Q1 providing current in the primary windings of the transformer T1 originates in the system board’s gate array.

When the high voltage capacitor is charging, the Main System Board independently monitors the capacitor voltage through signal VMON. If the Main System Board detects an improper level, it halts operation by setting SAFE high. This disables the SCR discharge circuitry and flyback transformer drive.

The solid state patient relay discharges via the signal PATREL_DRV generated by XPATREL and Q304, Q323, and Q322. PATREL_DRV is disabled when XPACE_SEL is at a logic low.

When the solid state patient relay activation completes, the Main System Board releases the XPATREL signal. Several hundred milliseconds later, the safety relay closes to ensure the high voltage capacitor energy is completely dissipated.

The Pacer circuit produces and delivers user-controllable pace pulses to the pacing electrodes. To initiate pacing, the front panel switch is turned to PACER and the OUTPUT and RATE controls are set. Pacing current amplitude is constant during the pulse and is determined by the position of the front panel PACER OUTPUT dial. Pacing pulse rate is determined by the position of the front panel PACER RATE dial. The pacing pulse duration is fixed at 40 milliseconds.

Pacer/Defibrillator Control Signals

The Pacer/Defibrillator Control charges the high voltage capacitor to a voltage requested by the main system board in response to user energy selections. It delivers defibrillator energy to the patient through the patient connector to the paddles and pacer electrodes or multi-function electrodes (PADS). This control also generates pacing pulses at rates and amplitudes requested by the main system board in response to user selections, controls damped sinusoidal waveform and biphasic waveform defibrillation, and measures pace current and high voltage capacitor voltage by two independent channels.

The following signals control the operation of the Pacer/Defibrillator subsystem:

ANALOG VOLTAGE	OPERATION	COMMENT
VCAP	Analog voltage spanning 0 - 2.5 V for 0 - 5000V capacitor voltage.	Used by the defib charging controller.
VMON	Analog voltage spanning 0 - 2.5 V for 0 - 5000V capacitor voltage.	Used by the defib monitor.
VSENS	Pace duty cycle voltage, scaled as 0 - 2.5 V for 0 - 100% duty cycle.	When multiplied by the pulse width (as read from PW_READ) battery voltage is proportional to the actual pace current.
VCTL	Analog control voltage scaled 0 - 2.5 V for pace current of 0 - 140 ma.	Only active in pace mode.

ANALOG VOLTAGE	OPERATION	COMMENT
FET_MON	Analog voltage monitors the condition of the discharge transistors.	Provides a signature voltage in case of a fault.
PAT_CUR	Bound on the range of 0 - 2.5 V and accommodates defib currents of -50 to +100 A	Analog signal representing the patient current during a defib discharge.

LOGIC CONTROL SIGNAL	OPERATION
XPWR_ENABLE:	This logic signal from the gate array enables the charging circuit when true, and inhibits the charging circuit when false.
SAFE:	This logic control signal is generated by the Main System Board to halt the pace/defib function in the event of a detected fault.
SHUTDOWN:	This logic signal is true during reset and fault conditions. (VCC error, watchdog error, etc.) and halts operation of the PD generator.
XPACE_ON:	This logic signal is generated by an optocoupler, and indicates that the pace output circuit is active. It is '0' true when pace current is flowing.
XSAFREL:	Logic signal from the GA that operates the safety relay when '0' true.
XPACEREL:	Logic signal from the GA that operates the pace relay when '0' true. XPATREL: Logic signal from the GA that operates the solid state patient relay when '0' true.
XPAT_ENABLE:	Logic signal from the processor controlled by the monitor that grants operation of the solid state patient relay. It is false during pacing.

LOGIC CONTROL SIGNAL	OPERATION
XPACE_SEL:	Hardware only signal from the front panel switch that is at '0' during pace. Used as an additional safety interlock on the solid state patient relay so that operation of the relay during pacing is additionally disabled.

Internal Discharge Resistor Module

The Internal Discharge Resistor Module contains the internal discharge resistor, and a means for dissipating the heat generated by the internal discharge.

AC/DC Charger Module

The AC/DC Power/Battery Charger provides a universal (IEC 320) connection to the AC mains or to a DC source, input line filtering and double-pole fusing (for a mains input), AC-DC and DC-DC conversion and isolation barrier between the M Series and power sources. This module also provides the power necessary to run the M Series in any mode of operation, as well as providing additional charging current to the battery. When the M Series is turned off but connected to an external AC or DC source, the charger module controls battery charging currents and voltages needed to charge the M Series battery. These voltages and currents are controlled in response to the main CPU signals that manage the battery charging process.

System Interconnect Module

The system interconnect PWBA receives signals from the Main System Board and in turn controls operation of the stripchart recorder and PCMCIA functions.

Stripchart Recorder

The Stripchart Recorder module includes a microprocessor, serial interface to the main system board and circuitry which drive the stripchart recorder's motor and printhead in response to the main CPU signals. Based upon signals sent by the main CPU, the recorder's main processor drives the recorder stripchart motor, formats data for printing on the chart and drives the printhead. It also detects when the sensor drawer is not properly fitted into the unit, when the paper supply is out and needs to be refilled and the print head temperature.

PCMCIA Slots

The PCMCIA interface module supports two PCMCIA slots which accept Type I and/or Type II PCMCIA cards. These cards may be read or written to. Data sent by the main CPU is passed to the installed PCMCIA card via the system interconnect PWBA.

Front Panel and Controls PWBA

User Interface Module provides several functions that enable the user to operate the unit. The user interface has a display monitor and three rotary selector switches. One selector switch is for three modes: pacer, monitor and defibrillation. The two other knobs are for pacer output and pacer rate. The unit interface also has specific buttons for defibrillation, including the ENERGY SELECT button, the CHARGE button, the ANALYZE button and the SHOCK button. The five softkeys underneath the display provide specific operations depending on the unit's configuration. The other push buttons (from left to right) are used for volume control, monitor illumination, summary report, and code markers. The CHARGER ON indicator displays the status of the unit's power supply.

This input module on the front panel and the Main System Board provides a beeper for the AC/DC Power/Battery Charger.

The Controls PWBA is physically located in the front panel assembly. Units that are equipped for voice recording include a microphone and audio signal conditioning circuitry on the Controls PWBA.

M Series Options

This section describes four options for the M Series unit.

Isolated Power Supply Module

The Isolated Power Supply Module provides electrically isolated power to the $EtCO_2$ and SpO_2 modules. It also provides the electrically isolated serial communications and isolated control signals between the $EtCO_2$ and SpO_2 modules and the main system PWBA.

12 Lead Option

The ZOLL M Series 12 lead option is used to acquire ECG data needed to assist in the diagnosis of myocardial infarction (“heart attack”), often caused by a coronary artery occlusion. The 12 lead ECG can be viewed on the display one lead at a time in monitoring and diagnostic bandwidths and printed in the standard 4x3 format with 12 simultaneously acquired leads.

The 12 lead option provides for the recording, printing and automated analysis of 12 lead ECG using GE Marquette 12SL™ Analysis and supports the transmission of these reports by fax to a remote location, such as a hospital. In the pre-hospital environment, the 12 lead reports can be faxed to a physician as the patient is en route to the Emergency Department. As a result, the physician can initiate hospital accommodations immediately, such as activating the staff of the cardiac catheterization lab, prior to the patient’s arrival and subsequent treatment. Or the patient may be treated in the pre-hospital environment with thrombolytic agents.

The 12 lead cable is required to produce 12 lead reports. M Series unit must have the 12 lead option installed. All limb leads and at least one V-lead must be connected to initiate a 12 lead acquisition. Printed 12 Lead bandwidth is user configurable to be either 0.05-150 Hz (per AAMI EC11) or 0.05-40 Hz. The 0.05-40 Hz bandwidth selection is used to reduce noise artifact in the high end of the diagnostic frequency range. Reports can be printed in a standard 4x3 or Cabrera format. Faxed reports can be configured in a 2x6 format in addition to 4x3 and Cabrera formats.

The GE Marquette 12SL™ Analysis algorithm provides measurements of the 12 lead waveforms along with interpretive statements. The algorithm is interpretive, not “diagnostic.” (A physician should always confirm interpretive statements. A diagnosis requires a complete clinical assessment including other modalities, such as a physical examination.) 12SL™ produces global waveform measurements as well as a measurement matrix containing measurements on each lead. Both the interpretive statements and measurement matrix are configurable to be printed or not printed.

The acquired 12 lead with 12SL™ may be faxed to a remote location using landline or cellular phone technology. Several PCMCIA fax modems are supported and the modem determines the specific phone compatibility. Cellular phone support includes analog AMPS phones (in the U.S.) and GSM phones (internationally). The M-Series supports Group 3 facsimile, Class 1 and Class 2. 12 lead reports may be re-printed or re-transmitted using the Patient Records capability. Individual patient records may be selected based on patient ID, date, and time.

Pulse Oximetry (SpO_2)

The ZOLL M Series pulse oximetry option enables the user to continuously, noninvasively, and painlessly monitor the percentage of oxygen saturation of arterial hemoglobin at a peripheral measurement site (i.e.foot, toe or finger.)

The oximetry sensor contains two light emitting diodes, or LEDs, that transmit red and infrared light through the body's extremities. A photodetector receives the transmitted light. Oxygen saturated blood absorbs light differently than unsaturated blood. Thus the amount of red and infrared light absorbed by the blood flowing through a suitable peripheral area of the body, such as the finger in adults and the foot in neonates, can be used to calculate the ratio of oxygenated hemoglobin to total hemoglobin in the arterial blood. The monitor displays this ratio as percent SpO_2. Normal values typically range from 95% to 100% at sea level.

The M Series uses a Masimo® Pulse Oximetry Circuit Board which features a fundamentally distinct method of acquiring, processing and reporting arterial oxygen saturation and pulse rate. The M Series' SpO_2 module (Masimo® Circuit Board) connects to the Masimo sensors and reports monitoring results (oxygen saturation, pulse rate, pulse waveform, etc.) via a serial digital interface to the M Series system board. The M Series system provides isolated DC power and serial communication to the SpO_2 Board via the Isolated Power Supply board.

End Tidal Carbon Dioxide ($EtCO_2$)

The ZOLL M Series $EtCO_2$ Novametrix technology and Capnostat® sensor option continually and noninvasively monitors the patient's carbon dioxide in respiratory gases and from these measurements computes End Tidal CO_2 and respiration rate. The unit can display and print a recording of $EtCO_2$ readings, respiration rates, and capnograph waveforms. In addition, the unit can configure an alarm to sound when the unit detects $EtCO_2$ values and respiration rates that are above or below acceptable ranges as set by the user. This option is intended for use in all critical monitoring environments including ventilator support, patient transport, and anesthesia and is intended for monitoring all patient types, including adult, pediatric, and neonatal.

The $EtCO_2$ option incorporates, without modification, the Novametrix respiratory carbon dioxide technology, including a printed circuit board, and a patented and proprietary mainstream CO_2 sensor and reusable/disposable airway adapters. Carbon dioxide measurements are monitored by using a solid-state infrared Capnostat® sensor which works on the principles of infrared absorption.

The M Series system board software transmits commands to the Novametrix board to set parameters (averaging mode, oxygen, and nitrous oxide compensation) and retrieves CO_2 waveform, $EtCO_2$, and respiration rate data. The M Series software formats the data for output to the display and strip chart recorder. In addition, the M Series software performs range checking of the Novametrix data to determine the presence of low or high $EtCO_2$ and respiration rate alarm limit violations. If the limits have been violated, the software issues audio and visual alarms.

The Capnostat® mainstream sensor is attached to an airway adapter that connects to an endotracheal tube, similar airway, or disposable mouthpiece. The sensor generates infrared light and beams it through the airway adapter to a detector on the opposite side of the airway. As a result of respiration, CO_2 flowing through the airway adapter absorbs some of this infrared energy. The monitor relates the amount of detected energy to the amount of CO_2 in the airway adapter. The CO_2 display reflects the maximum concentration of CO_2 detected during expiration. End-Tidal Carbon Dioxide ($EtCO_2$) displays as a numerical value in millimeters of mercury (mmHg), percent (%), or kilopascals (kPa) on the unit. In addition, a capnogram waveform may display underneath the ECG waveform.

The $EtCO_2$ option uses Non-Dispersive Infrared (NDIR) absorption and dual wavelength ratiometric-True Single Beam Optics. The Capnostat® sensor contains the NDIR light source. Carbon dioxide, flowing in the airway adapter as a result of respiration, absorbs some of this light energy.

Biphasic Waveform

The M Series Biphasic Waveform Defibrillator produces a Rectilinear Biphasic™ waveform similar to the chart shown at the end of this section. The electrical energy is delivered in two successive current phases of opposite polarity. As compared to the monophasic waveform, the biphasic waveform typically defibrillates with substantially less current than the earlier monophasic waveform used by most defibrillators.

The M Series Biphasic Defibrillator system consists of circuitry and software located on the following assemblies:

1. Main System PWBA.

2. High Voltage Module.

3) Biphasic Bridge PWBA Module.

The High Voltage module controls the monitoring, charging, and internal discharges of the defibrillator capacitor. The Bridge module controls capacitor discharge, including waveform polarity control, patient current and voltage monitoring during discharge and real-time control over defibrillator internal impedance to create the rectilinear waveshape. The main CPU controls the waveform timing and resistor switching performed by the Bridge Module based upon measured patient transthoracic impedance.

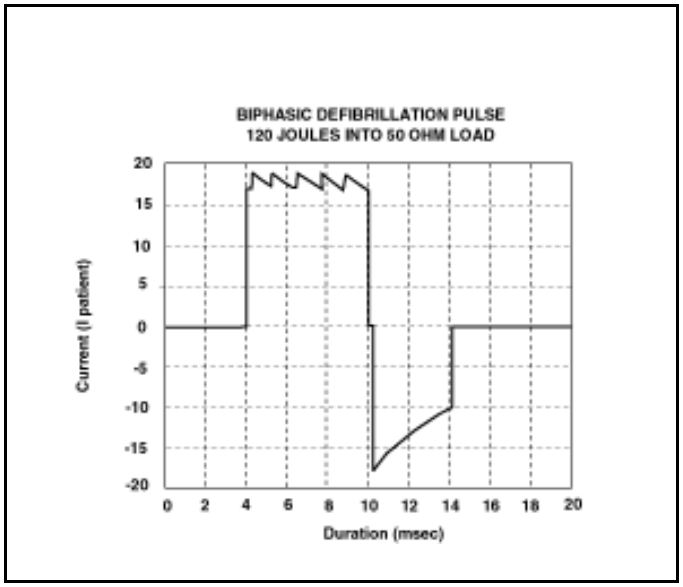
The Biphasic Bridge Assembly is constructed as two printed wire board assemblies (PWBAs) containing the power and isolation circuits required to deliver a biphasic defibrillation pulse. These boards produce a defibrillation pulse consisting of a positive current pulse followed by a negative current pulse. The positive portion of the pulse is shaped to be rectilinear by switching resistors in series with the patient to compensate for droop in the capacitor voltage as it delivers energy to the patient load.

The ZOLL Biphasic units produce a rectilinear waveform whose shape remains essentially constant from patient to patient. The rectilinear biphasic waveform consists of a 6 millisecond, essentially constant current first phase followed by a 4 millisecond, truncated exponential second phase. The first and second phases of the defibrillation waveform are of opposite polarity and their amplitudes vary based on the user selected therapeutic

energy level. The initial amplitude of this waveform's second phase is approximately equal to the first phases's final amplitude. This waveform has an integrated patient impedance measurement sensing pulse at the beginning of the waveform. The positive and negative phases are separated by 100 μsec.

Electronics and software control the shape of the waveform's first phase and compensate for different transthoracic impedances to maintain an essentially constant current throughout the first phase.When the highest energy setting is selected and patient impedance exceeds 85 ohms, the first phase of the waveform will droop. All other waveform parameters (phase duration, inter-phase delay and integrated impedance measurement sensing pulse) remain the same.

The following Rectilinear Biphasic Waveform is produced when the M Series with Biphasic option is discharged into a 50 ohm load at the default energy setting of 120 joules. The vertical axis is in amperes; the horizontal axis is in milliseconds. (See following diagram.)



Chapter 5
Disassembly Procedures

This chapter provides instructions on how to disassemble and reassemble the M Series unit, and includes the following sections:

"ZIF Keeper Instructions" on page 5-3
"Front Panel Removal" on page 5-5
"CCT Front Panel Removal" on page 5-8
"Upper Housing Removal" on page 5-12
"System Board Assembly Removal" on page 5-13
"Battery Interconnect Board Assembly Removal" on page 5-15
"Biphasic High Voltage Module Removal" on page 5-16
"AC/DC Charger Removal" on page 5-19
"Bridge Assembly Removal" on page 5-20
"Monophasic: High Voltage Assembly Removal" on page 5-22
"Monophasic: High Voltage Capacitor Disassembly" on page 5-25
"System Interconnect Board Removal" on page 5-27
"Printer Motor Removal" on page 5-28
"Lower Housing Removal" on page 5-29
"Print Head Assembly Removal" on page 5-30
"PCMCIA Assembly Removal" on page 5-32
"Paddle Release Latch Removal" on page 5-33
"Lower Latch Assembly Removal" on page 5-34
"SPO_2/$EtCO_2$ Module Removal" on page 5-35

“NIBP Assembly Removal” on page 5-37

“NIBP/IBP/Temp Assembly Removal” on page 5-40

Required Equipment

- #1 Philips head screwdriver
- #2 Philips head screwdriver
- Wooden stick
- Needlenose pliers
- Wire Cutters
- Exacto Knife
- 1/2” Nut Driver

Safety Precautions

Warning! **SHOCK HAZARD!**

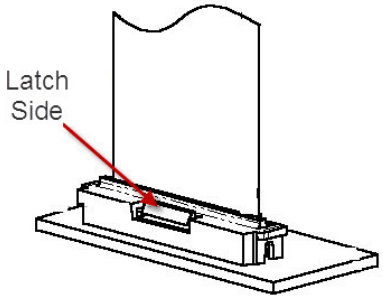
Caution TAKE THE NECESSARY PRECAUTIONS TO GUARD AGAINST SHOCK OR INJURY BEFORE YOU CONDUCT DEFIBRILLATOR TESTS OR REPAIRS.

- Only properly trained technicians should service the unit.
- The unit can contain deadly voltages even if the unit is turned off.
- Make sure to discharge the unit before working with it.
- Make sure you take the necessary precautions when working with static sensitive units. For example, you must wear a conductive wrist strap (which touches your skin) connected to a grounding mat and to the earth ground. You must remove the wrist strap when you discharge high voltage or when you are working on energized equipment.
- Wear gloves to prevent skin oils from affecting the equipment.

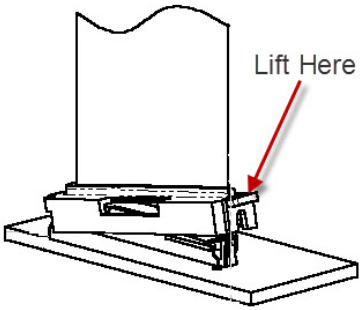
ZIF Keeper Instructions

Caution It is important to know this procedure before you start disassembling the unit. Removing of the ZIF (Zero Insertion Force) Keeper incorrectly can damage the unit's system board. Please follow these instructions when you come across a ZIF Keeper.

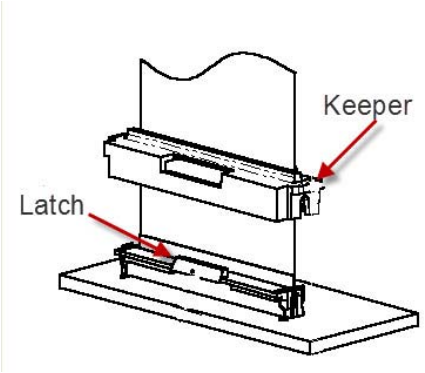
1. To remove a cable that uses a ZIF Keeper, try to have the latch side facing you.



2. Angle and lift up the right end of the ZIF Keeper from the connector and the board. Slide the Keeper approximately 1mm to the left, then gently lift the left side to clear the connector.

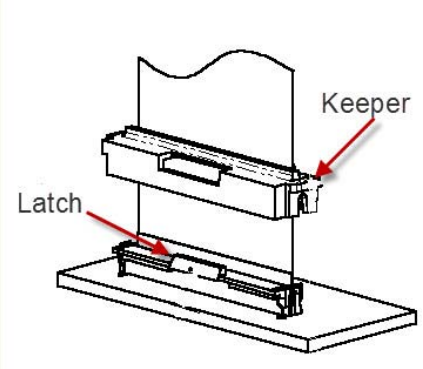


3. Gently pull the ZIF Keeper over the laminate cable and rotate the latch upwards. Pull cable straight out from connector.

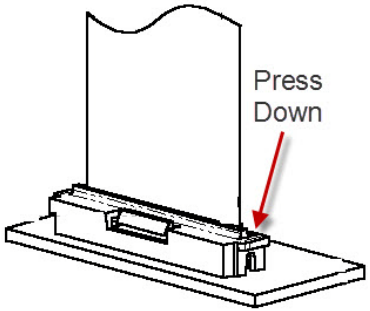


Sample

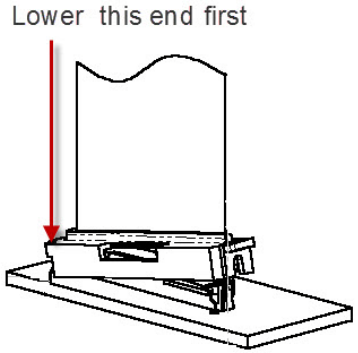
4. To reconnect cable, place the ZIF Keeper over the laminate cable and insert the flex cable into the connector. Secure cable in place by closing the latch.



6. Press the end of the ZIF Keeper down over the end of the connector. Be careful that the ZIF Keeper snaps over the end of the connector.



5. Lower the left end of the ZIF Keeper over the connector end until it touches the printed wire assembly. The other end of the connector should be angled.



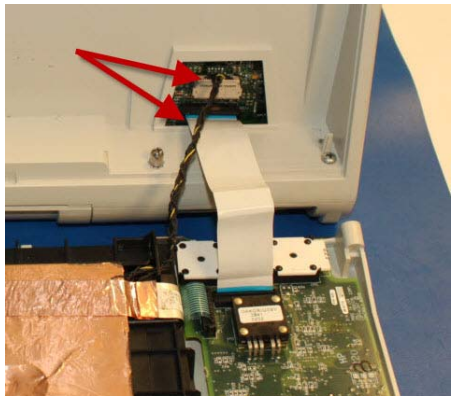
Front Panel Removal

Note: For CCT units skip to page 5-8

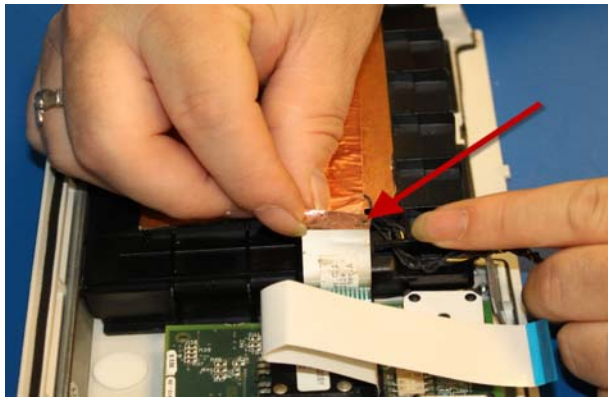
1. Remove 2 screws from lower housing.

2. Flip unit over. Using your thumb push up on the outer rim of the main selector knob to release panel from housing. Lay front panel down.

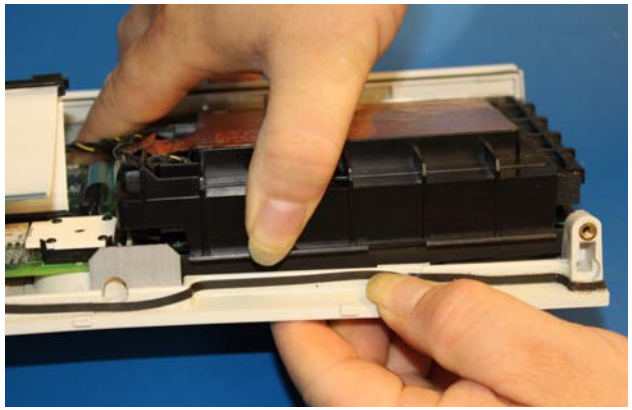
3. Remove video cable (beige connector), by pulling straight out. Then remove control board flex cable from system board. Follow steps 1-3 of the ZIF Connector Instructions on page 5-3.



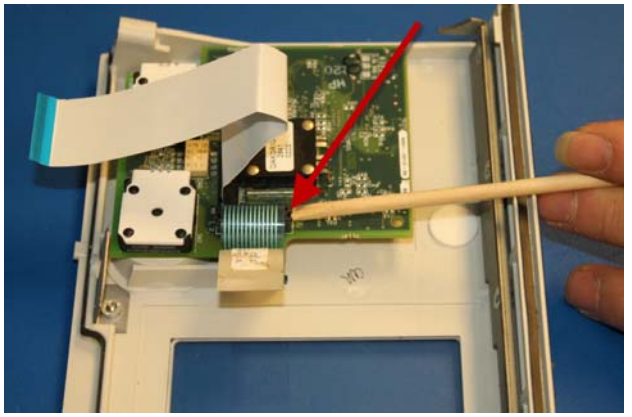
4. Peel copper tape off of ground tab of front panel membrane.



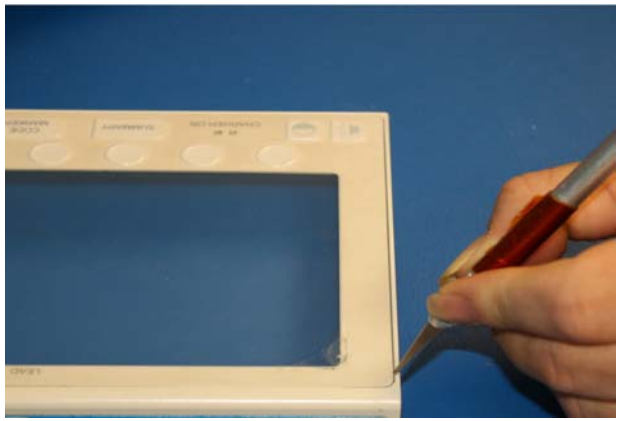
5. Bend lower portion of front panel to release display, then pull display out.



6. To remove front panel membrane, disconnect flex cable by lifting tab straight up and pulling on cable.



7. Using an exacto knife, lift corner of front panel membrane. Carefully pull the membrane up from front panel.



8. Flip front panel over. Remove main selector knob by gently lifting. (Note: Older version may be glued and need to be pried with cutter.)

9. Remove 1/2” nut from the main selector knob, then remove the anti-rotation washer.

10. (Unit with pace option) Remove the pacer controls knobs, and then remove 10mm nut and washer.

11. While carefully lifting up on the control board, use exacto knife to cut beeper gasket as board is being removed.

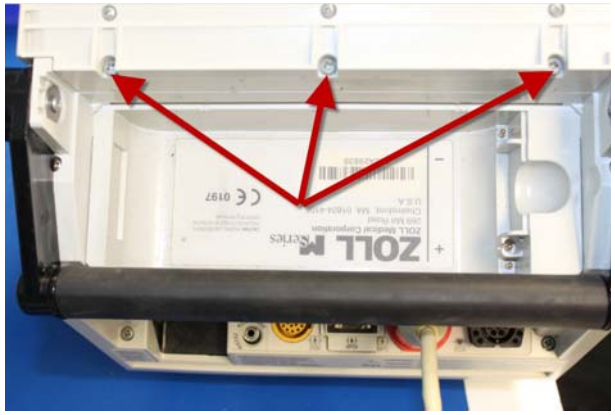
CCT Front Panel Removal

1. Remove 2 screws from the bottom of the housing.

2. Using a flat head screwdriver, place in notch and gently pry front panel cover out.

3. Gently push tab around carry handle to remove.

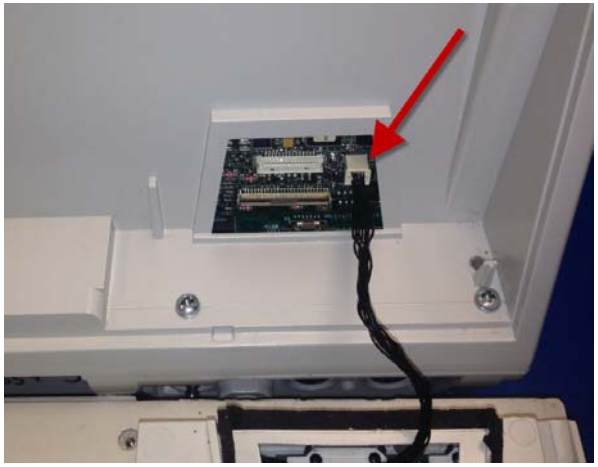
4. Remove 3 screws.



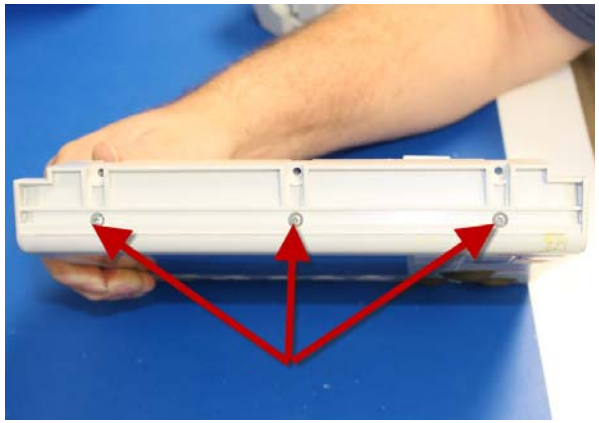
5. Push front panel assembly from the bottom to release it.

6. Remove video cable (beige connector), by pulling straight out. Then remove control board flex cable from system board. Follow steps 1-3 of the ZIF Connector Instructions on page 5-3.

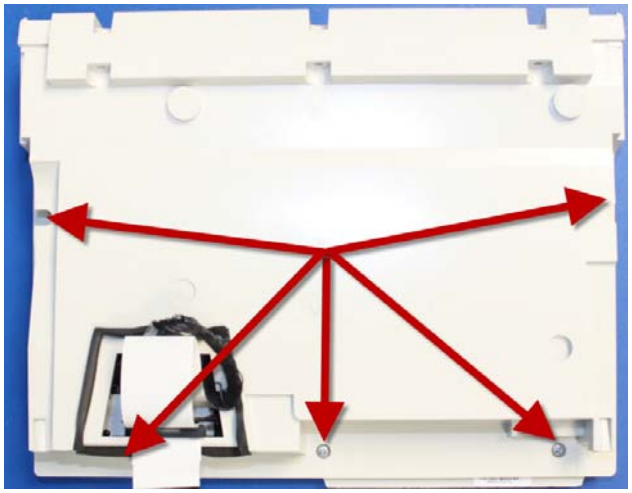
7. Carefully remove VGA Out cable.



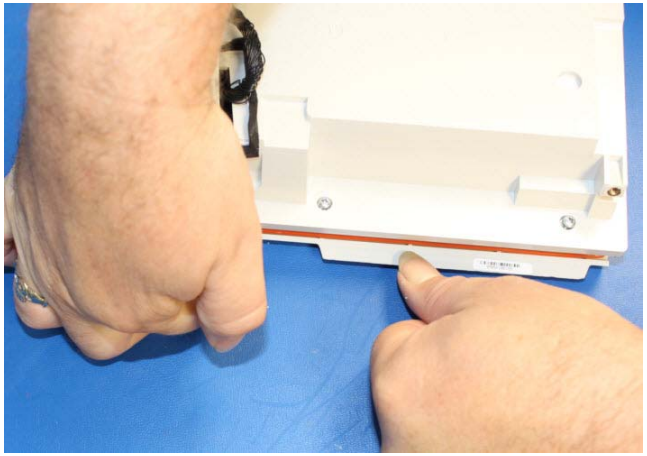
8. Remove 3 screws from top of front panel.



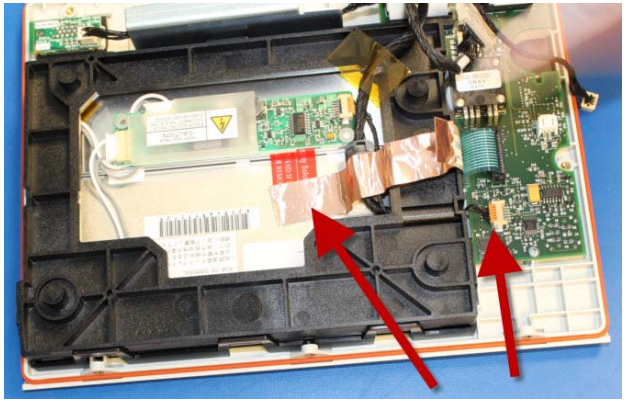
9. Remove 5 screws from rear of front panel.



10. Gently pry rear cover of front panel assembly up and remove.



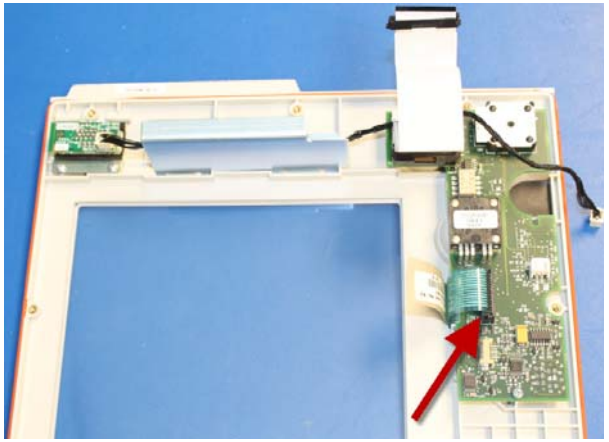
11. Remove copper tab from ground tab of front panel membrane and unplug cable from control board. Then lift out display.



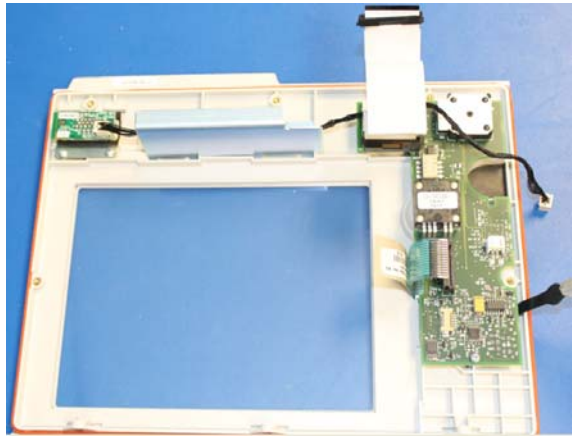
12. Gently remove 8 tabs holding the video frame around the LED display and remove.

13. Remove LED display from display frame.

14. Remove membrane cable from control board.

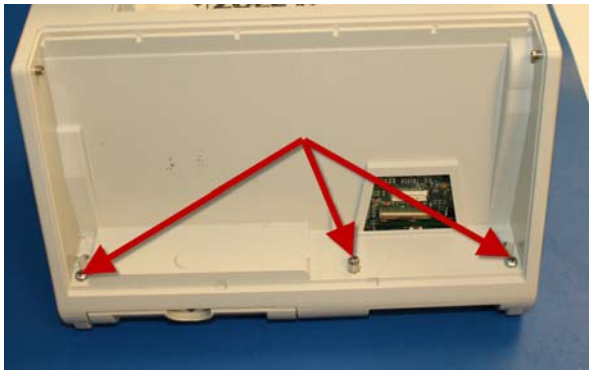


15. Remove screw from control board. Gently lift up on the control board and cut gasket.



Upper Housing Removal

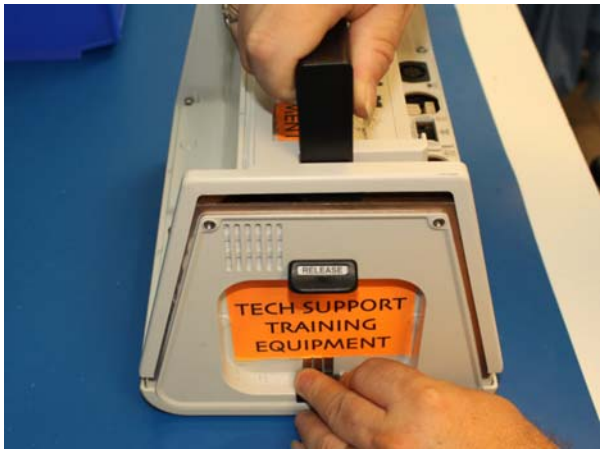
1. Remove 3 screws on the front of upper housing.



2. Remove 2 screws from the rear of upper housing.

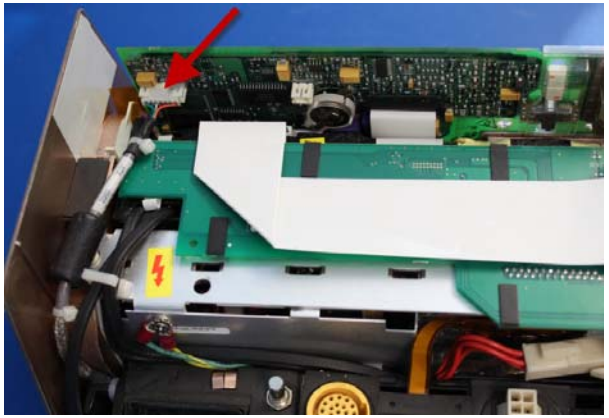
Note: Remove multifunction cable (MFC) if still connected

3. While supporting the main chassis, lift up on the upper housing.

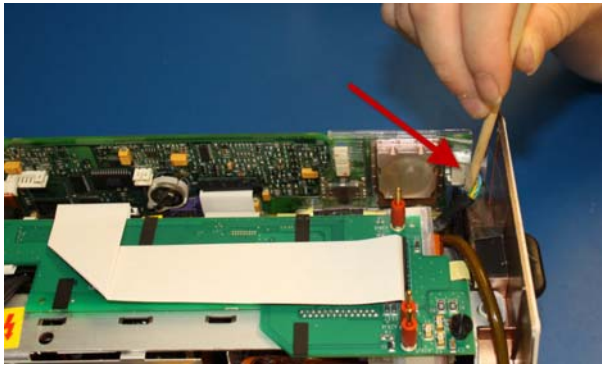


System Board Assembly Removal

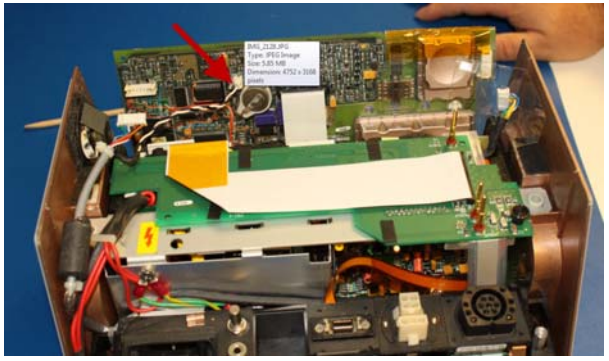
1. Remove access detect cable by gently pulling straight out from system board.



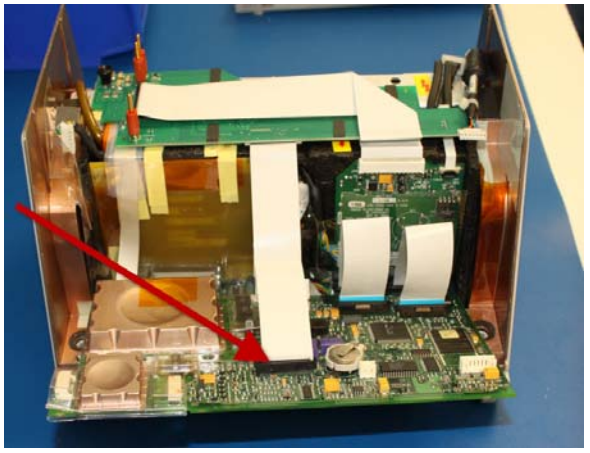
2. Remove MFC signal cable by gently pulling out towards the side of the board.



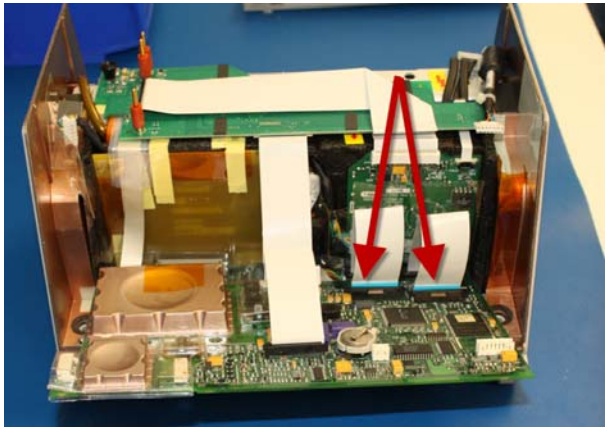
3. Unplug speaker cable (if present) by gently pulling straight out of the board.



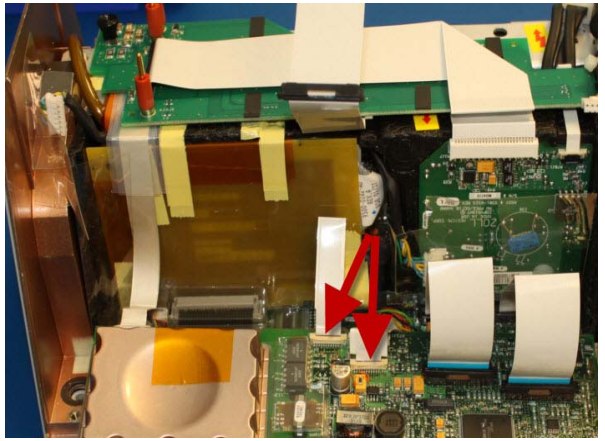
4. Disconnect battery interconnect cable from system board by removing ZIF connector.



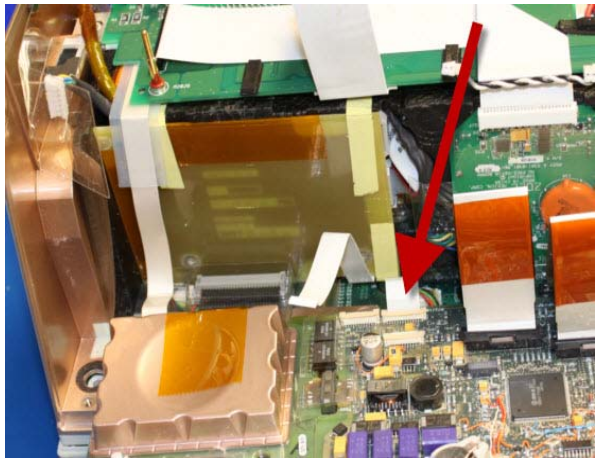
5. Remove the 2 system interconnect cables, by lifting ZIF connectors.



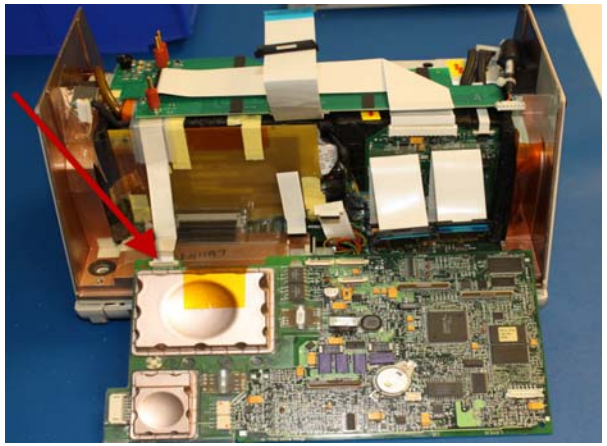
6. Remove biphasic flex cable and $EtCO_2$/SPO_2 cable by lifting up on tabs, and pulling straight out.



7. Remove NIBP flex cable by lifting up on tabs and pulling straight out.

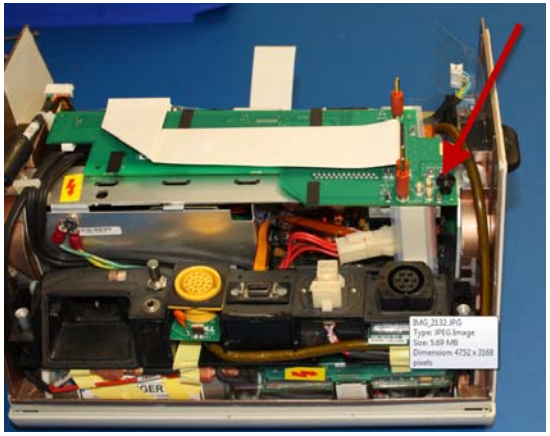


8. Remove ECG flex cable by lifting up on tabs, and pulling straight out.

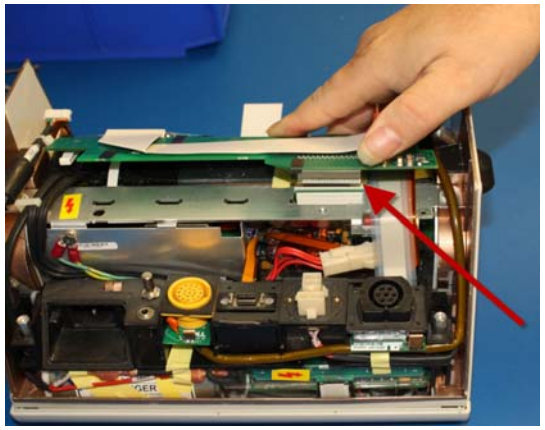


Battery Interconnect Board Assembly Removal

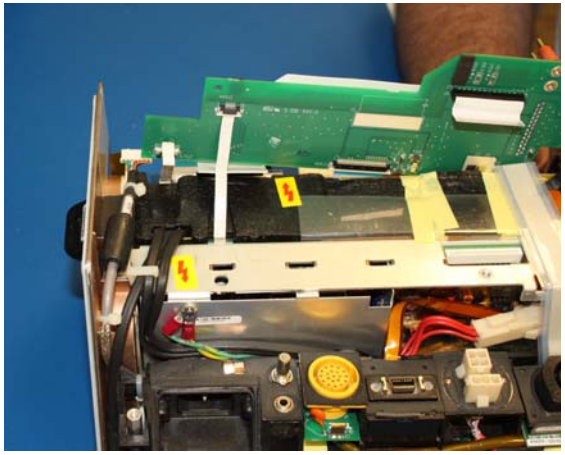
1. Remove black rivet by pulling straight up.



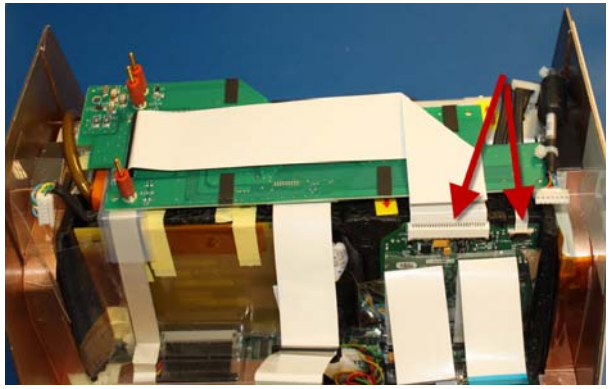
2. Lift Battery Interconnect board; disconnect cable going to AC/DC charger board.



3. Disconnect HV control cable from the backside of the HV module by lifting tabs and pulling cable straight out.



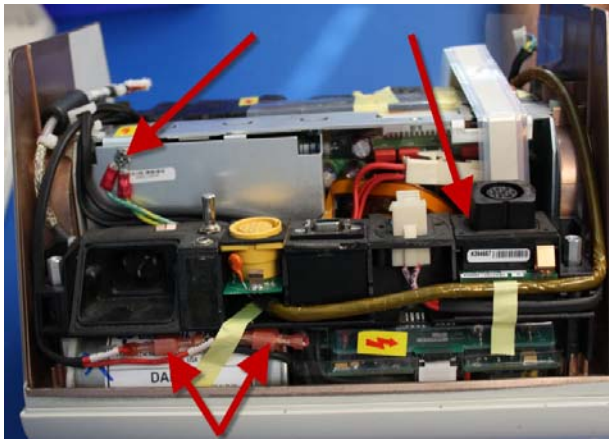
4. From the front of the unit, disconnect the pacer control cable from the HV module by lifting tabs and pulling cable straight out. Then remove HV power cable by lifting straight up.



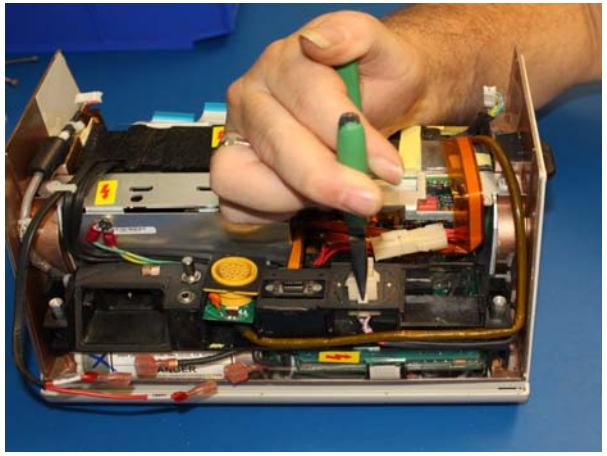
Biphasic High Voltage Module Removal

Note: For monophasic units, skip to page 5-22

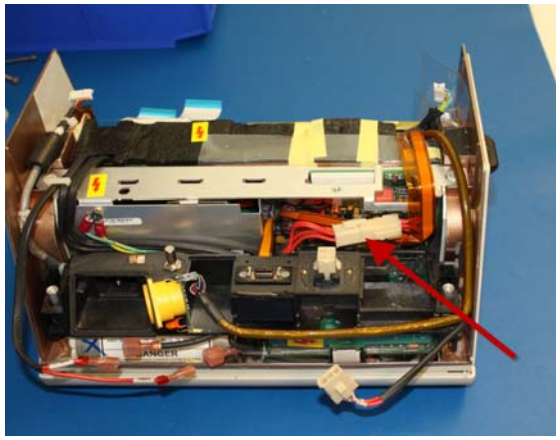
1. Remove tape, unplug 2 spade connectors, and remove ground screw from AC charger frame. Then lift ECG connector and cable straight out.



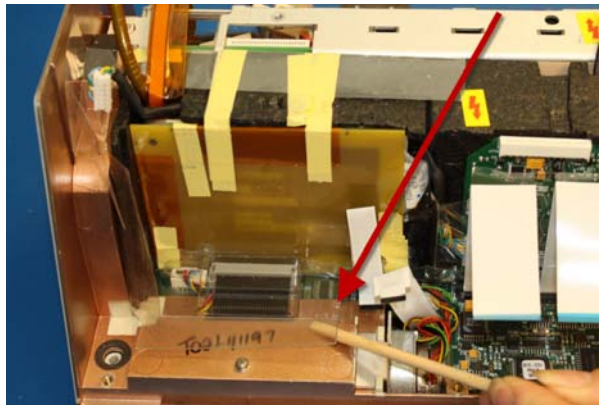
2. Using a pair of needle nose pliers, squeeze the locking tabs and push the MFC connector through the connector panel.



3. Disconnect Molex connector.

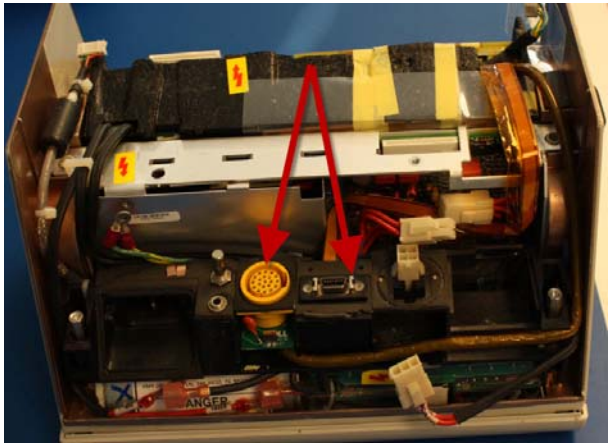


4. Remove printer isolator by lifting straight out.



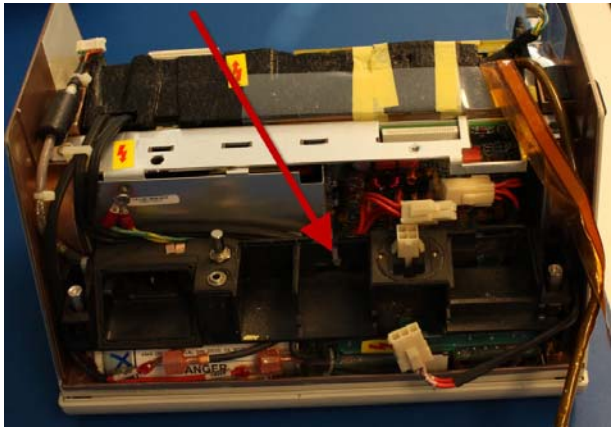
5. If present remove $EtCO_2$ and SPO_2 connectors from the connector panel by lifting straight out.

Note: During reassembly of the SPO_2 connector, turn connector once clockwise and route cable between the molex connections.



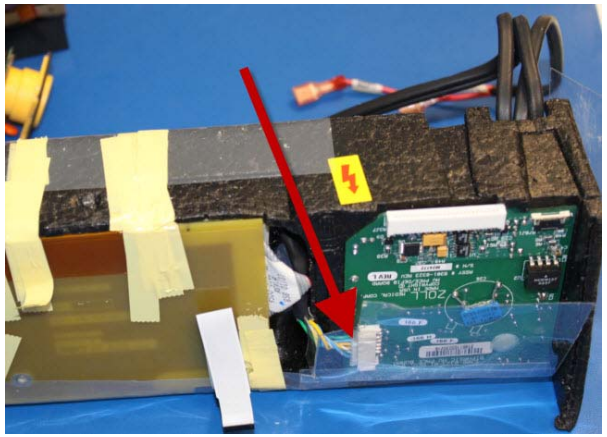
6. Cut tie wrap holding HV cable to connector panel. Then remove HV cables from wire loop.

Note: During reassembly, make sure tie wrap is positioned toward the bottom of connector panel as shown.

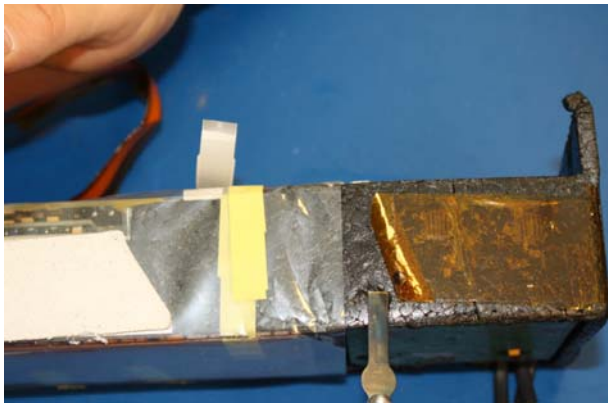


7. Lift HV module assembly straight up and out of the device.

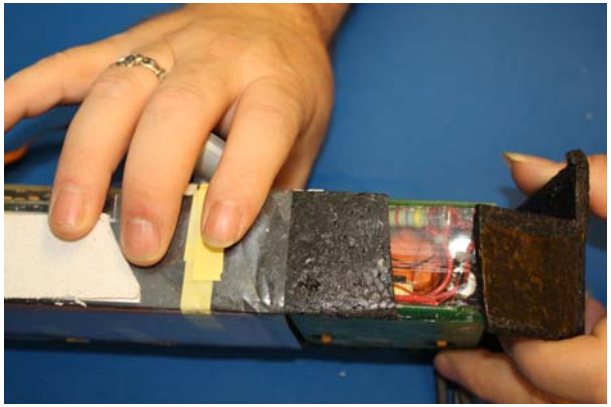
8. Remove HV isolator, and unplug MFC signal cable.



9. Remove tape from Epac



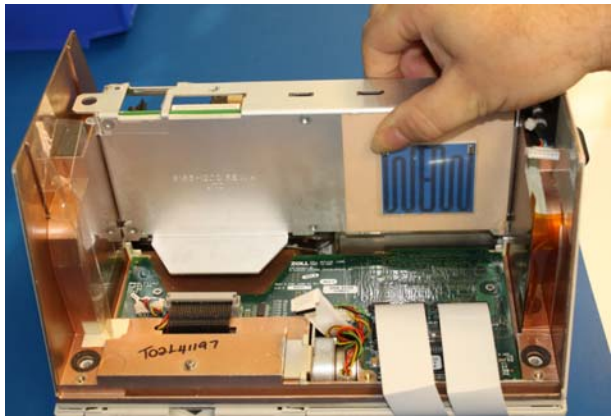
10. Gently bend Epac to the side, and pull HV module out.



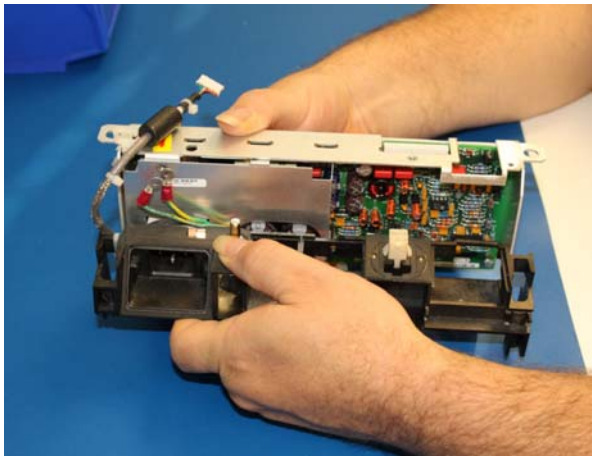
AC/DC Charger Removal

1. Lift charger assembly straight up and out of the device.

Note: During reassembly, make sure that the charger assembly lines up with slots on bottom and post on the top on main chassis

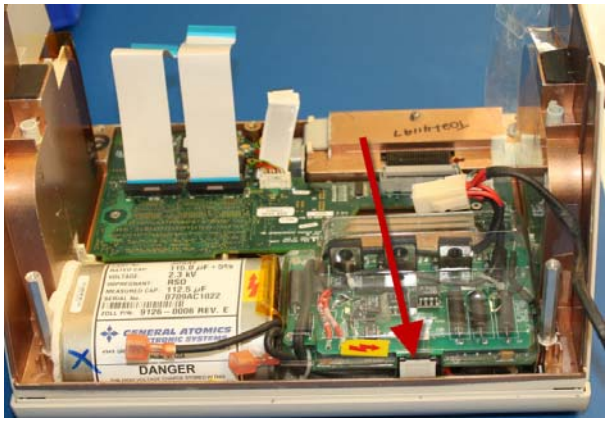


2. Pull connector panel straight out of the charger assembly.



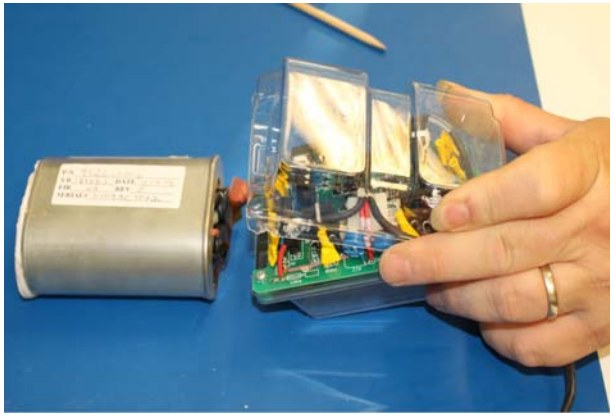
Bridge Assembly Removal

1. Disconnect biphasic flex cable, by pulling down on the tabs and pulling cable straight down.

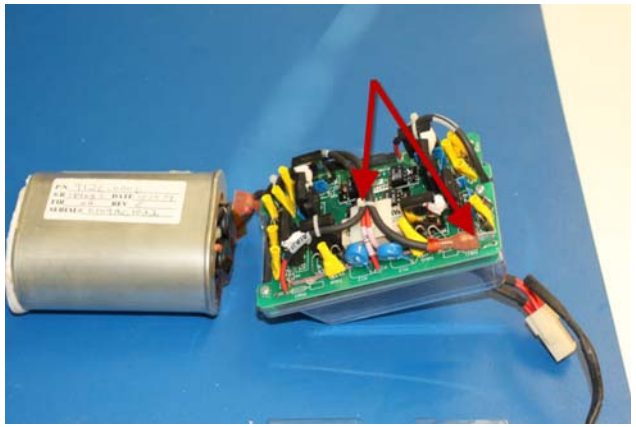


2. Lift up on the bridge board first, then lift the assembly straight up.

3. Flip assembly over and remove lower isolator.

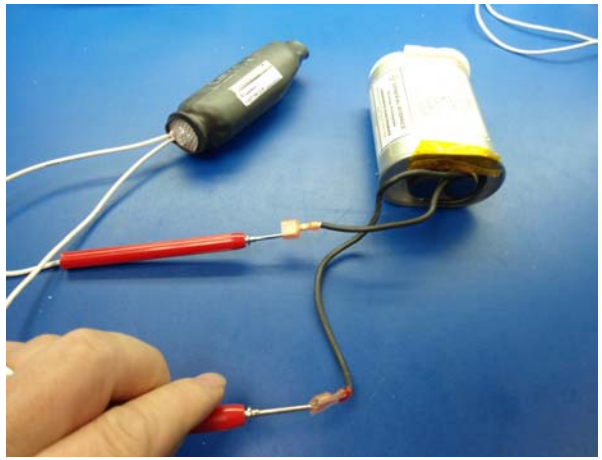


4. Cut tie wrap and disconnect spade connector. Then remove discharge capacitor.



WARNING! This unit may contain lethal voltages. You MUST completely discharge the high voltage capacitor before removing from unit. DO NOT SHORT THE TERMINAL ENDS OF THE CAPACITOR UNTIL AFTER DISCHARGED.

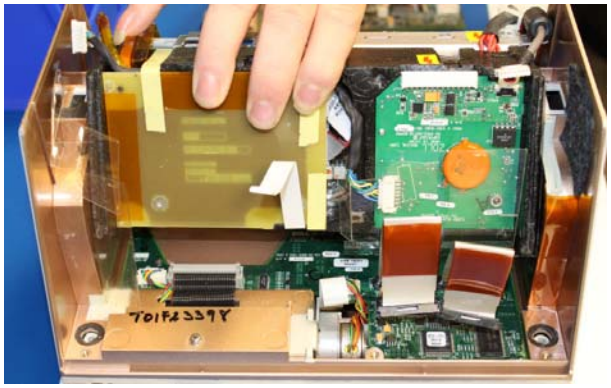
5. Bleed the excess voltage using a resistor with values of approximately 5k ohms, 25 watts for 10-20 seconds. Measure the voltage on the capacitor terminals.



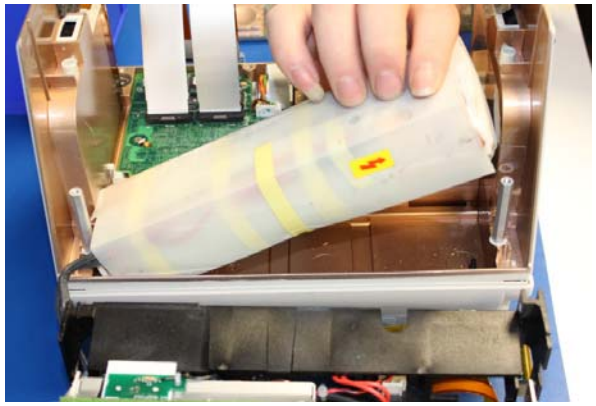
6. After discharging capacitor, short the 2 leads together until reassembly.

Monophasic: High Voltage Assembly Removal

1. Lift out HV module/AC charger assembly straight up off of upper housing mounting studs, and roll backwards and place on flat surface.

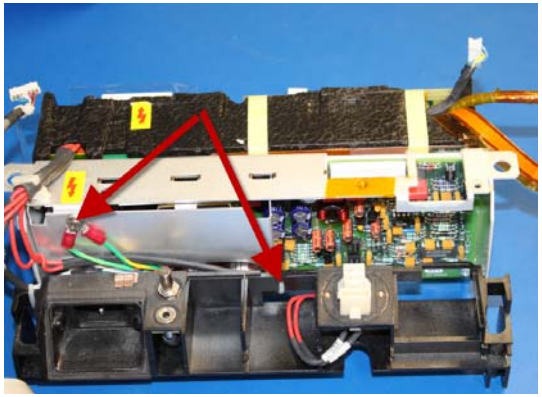


2. Lift up on capacitor and remove from main chassis.



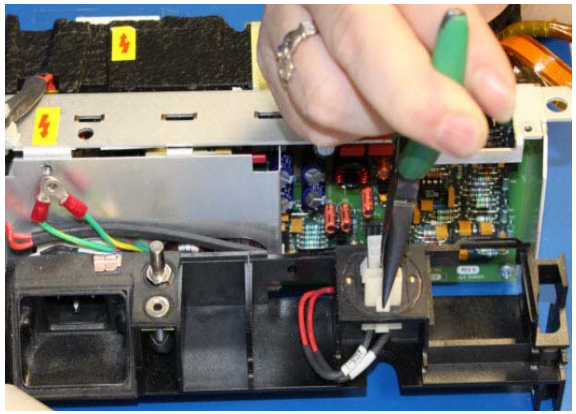
3. Remove ground screw from the AC charger frame. Then cut tie wrap holding HV cable to connector panel.

Note: During reassembly, make sure tie wrap is positioned toward the bottom of connector panel as shown.

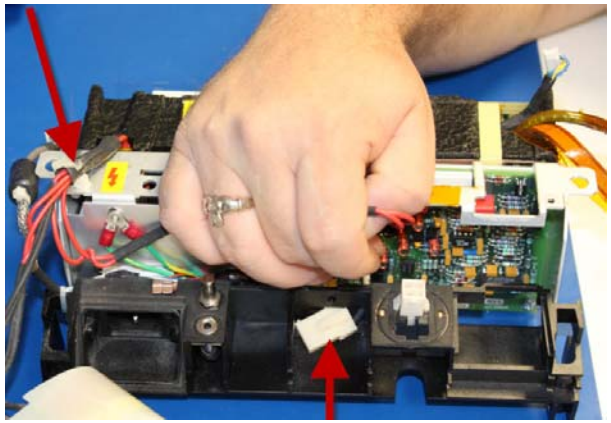


4. Using a pair of needle nose pliers, squeeze the locking tabs and push the MFC connector through the connector panel.

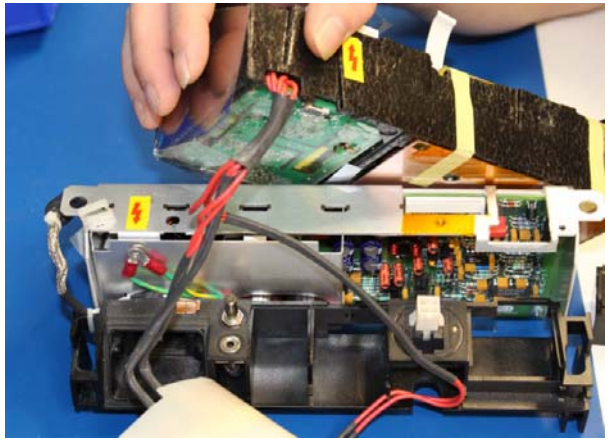
Note: During reassembly, make sure HV cable is routed through the SPO_2 slot of the connector panel.



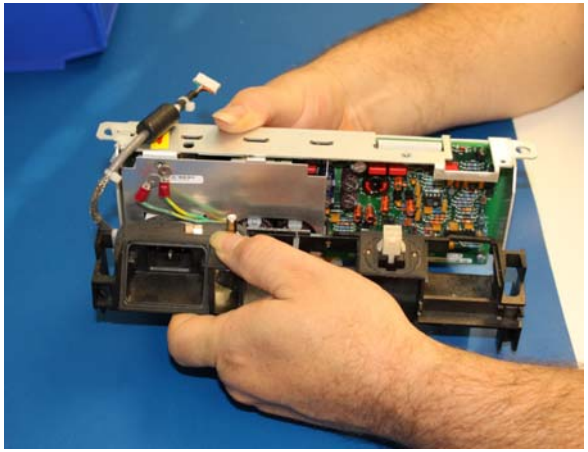
5. Pull wire through connector panel, and then remove HV cable from wire loom.



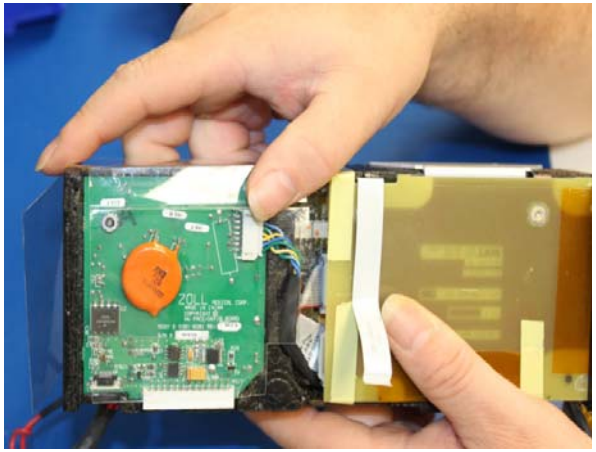
6. Separate HV module assembly from AC charger assembly.



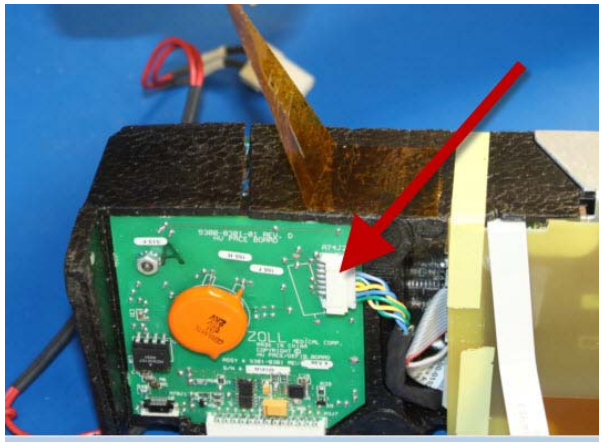
7. Pull connector panel straight out of the charger assembly.



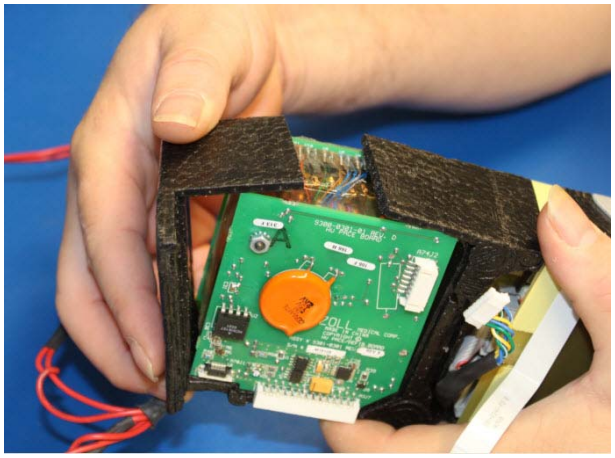
8. Remove HV isolator.



9. Remove tape and unplug MFC signal cable.



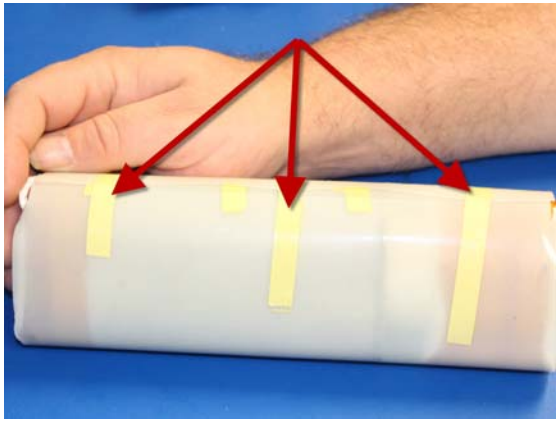
10. Gently bend Epac to the side, and pull HV module out.



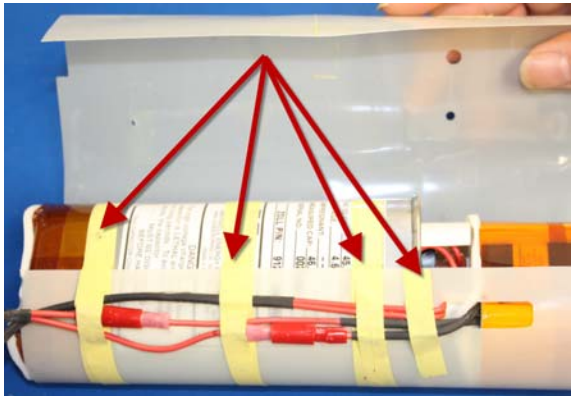
Monophasic: High Voltage Capacitor Disassembly

WARNING! This unit may contain lethal voltages. You MUST completely discharge the high voltage capacitor before removing from unit. DO NOT SHORT THE TERMINAL ENDS OF THE CAPACITOR UNTIL AFTER DISCHARGED.

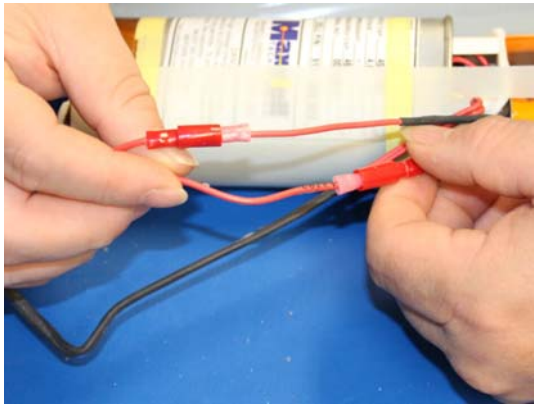
1. Remove 3 pieces of tape.



2. Peel back isolator and remove 4 pieces of tape.

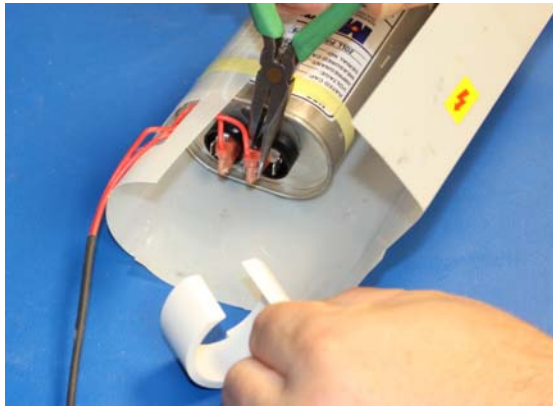


3. Unplug spade connectors, and remove choke assembly.

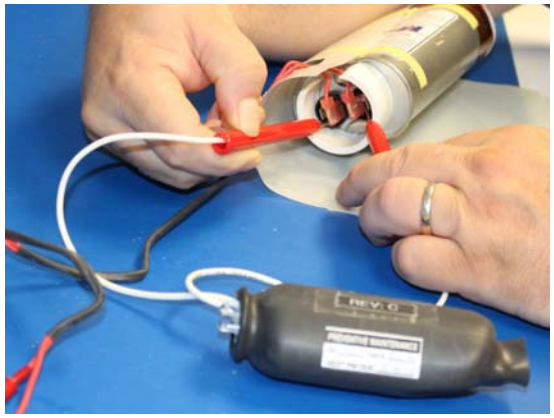


5. Remove plastic spacer and disconnect 2 spade connectors on capacitor.

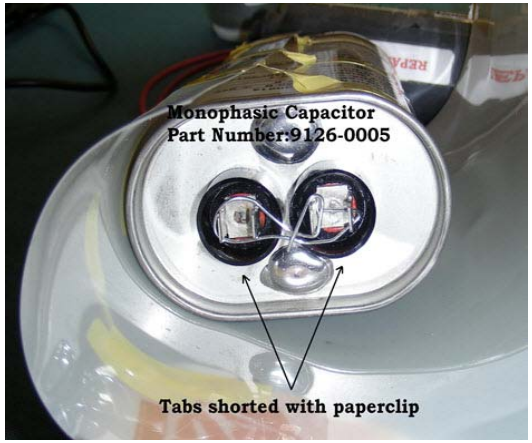
Note: During reassembly, wires are marked with polarity, make sure they match capacitor.



4. Bleed the excess voltage using a resistor with values of approximately 5k ohms, 25 watts for 10-20 seconds. Measure the voltage on the capacitor terminals.

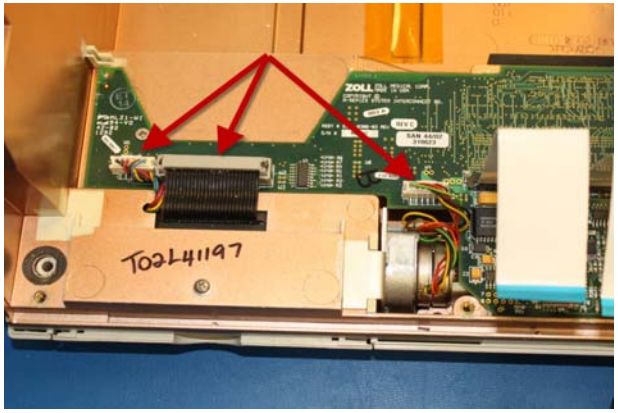


6. After discharging capacitor, short the 2 leads together with a paperclip until reassembly.

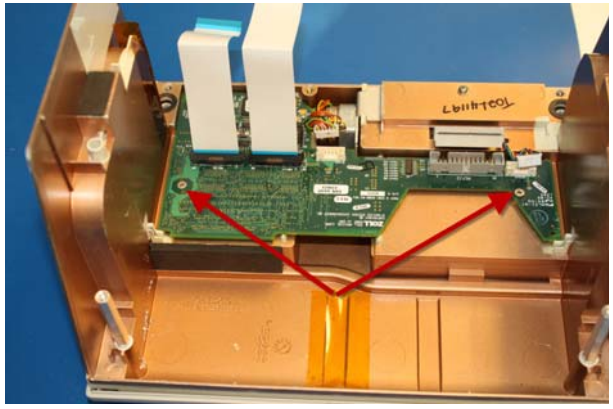


System Interconnect Board Removal

1. Disconnect paper sensor cable, print head cable, and printer motor cable.

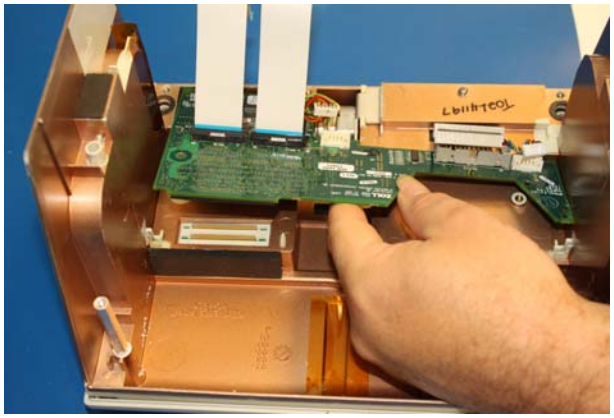


2. Remove 2 screws holding board to main chassis.



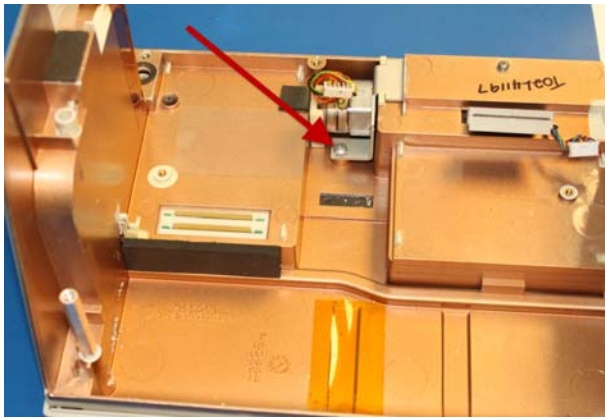
3. Lift board straight out of main chassis.

Note: During reassembly, push down on right side of board to fully seat on PCIMCIA assembly.

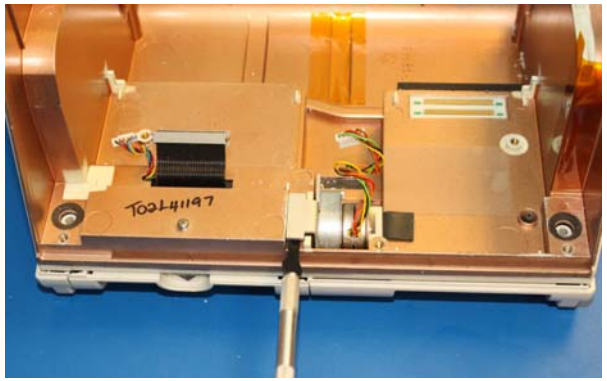


Printer Motor Removal

1. Remove screw holding motor to chassis.



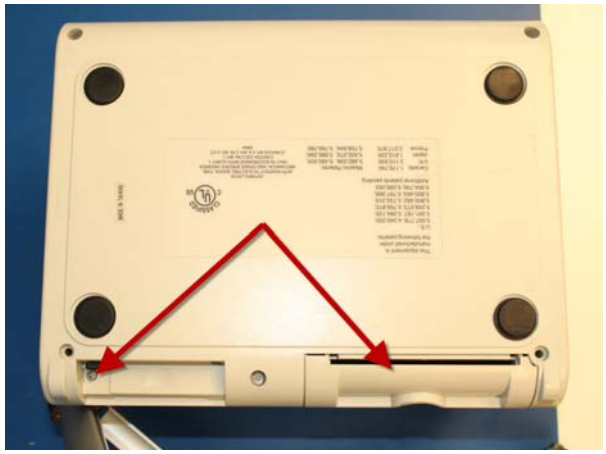
2. Using exacto knife, slide knife between printer motor frame and main chassis.



3. Pull printer motor and spacer straight out.

Lower Housing Removal

1. Remove screw from modem bezel, and remove bezel. Remove paper tray by pushing on release tab on tray.

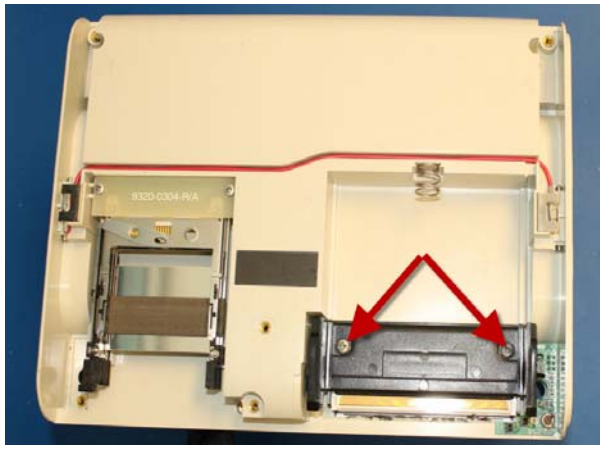


2. Remove 3 screws from lower housing.

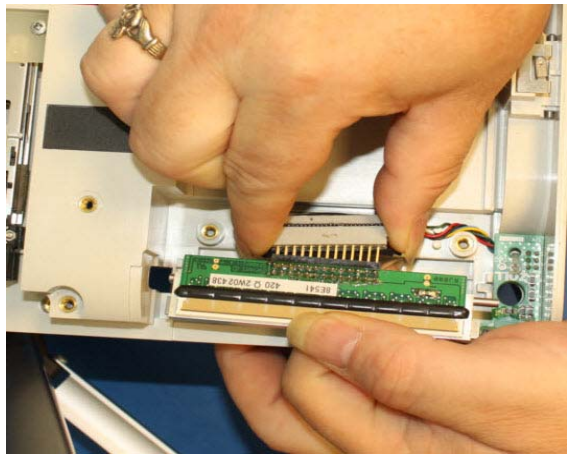
3. Lift the back of the lower housing up and slide forward around PCMCIA assembly.

Print Head Assembly Removal

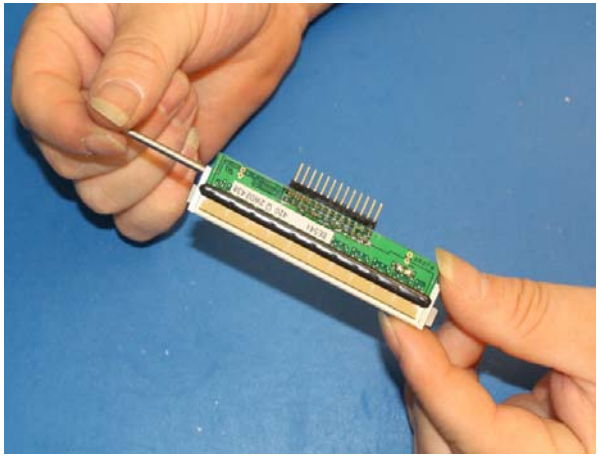
1. Remove 2 screws from print head support, and lift support straight out.



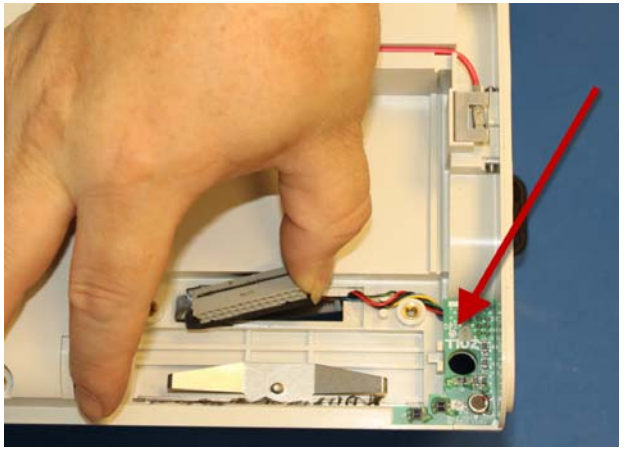
2. Lift up on print head and disconnect print head cable.



3. Remove pivot pin for reuse.

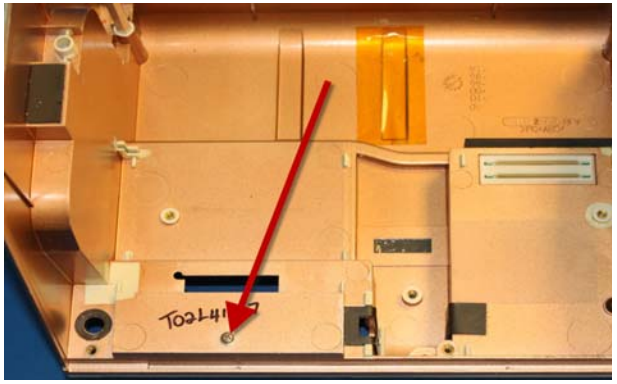


4. Lift the paper sensor board out, and pull wire through the access hole.

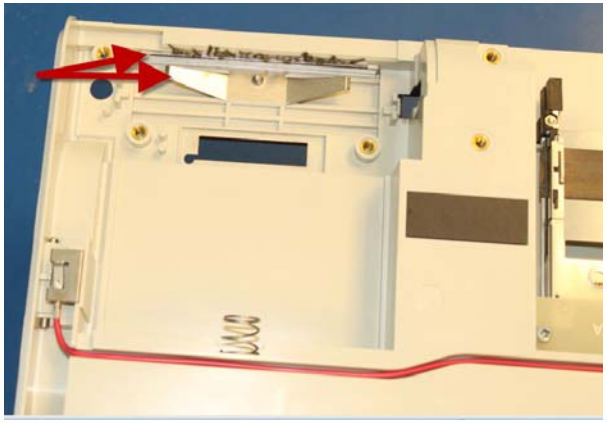


5. To remove leaf spring, remove screw (some units have a nut on bottom).

Note: Use caution when removing screw; material beneath screw is used as a grounding path.

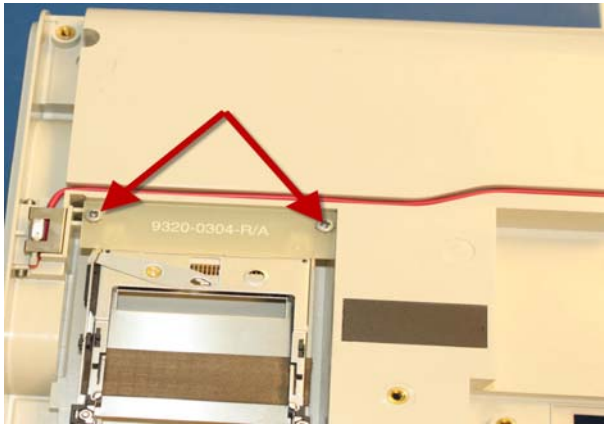


6. Remove leaf spring and static brush.

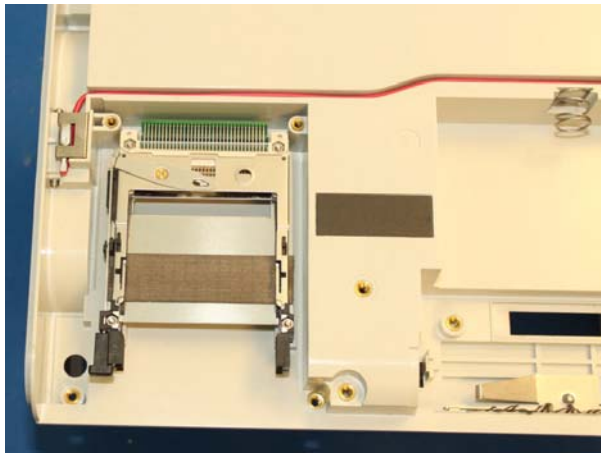


PCMCIA Assembly Removal

1. Remove 2 screws, and lift plate out.



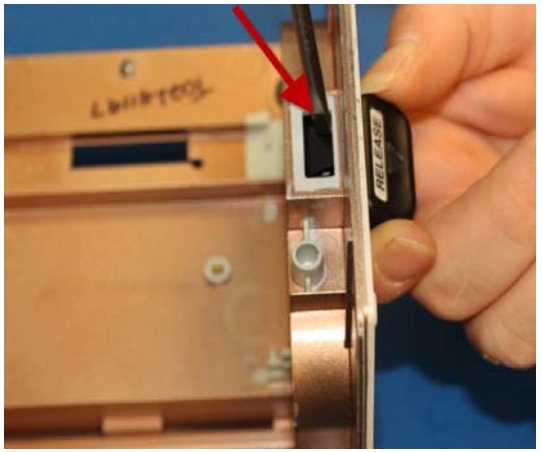
2. Lift PCMCIA assembly straight up to remove.



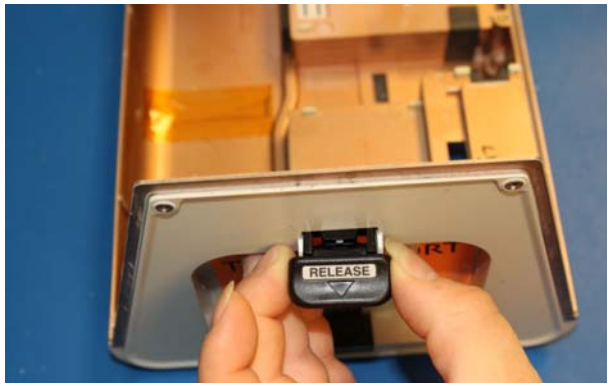
Paddle Release Latch Removal

1. Using an exacto knife, remove the latch seal.

2. Insert the screwdriver into the opening under the adhesive seal. Gently push the screwdriver until the latch dislodges.

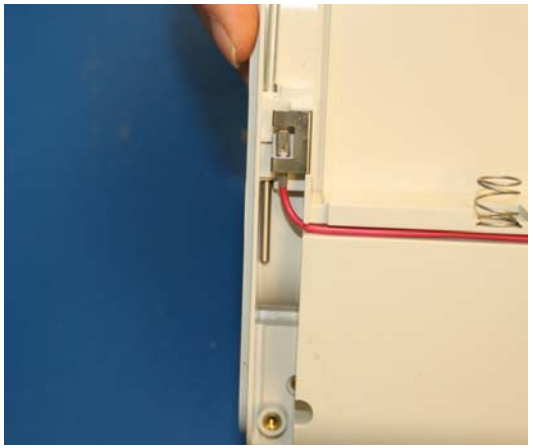


3. Pull paddle release latch away from the unit.

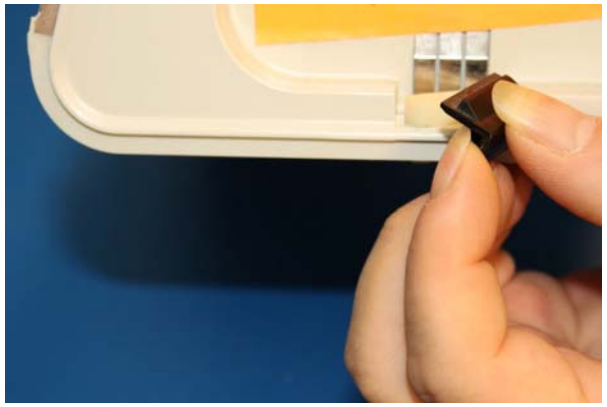


Lower Latch Assembly Removal

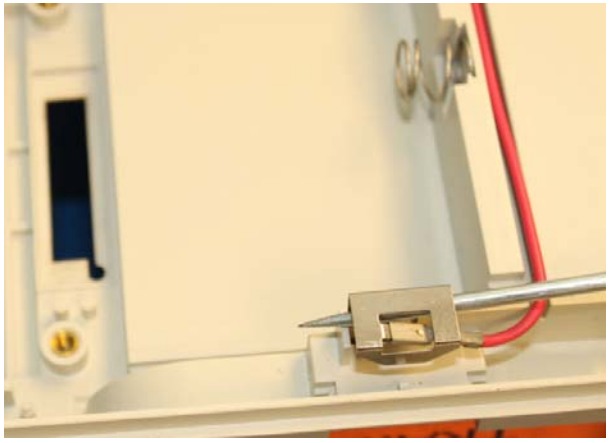
1. From the bottom of the main chassis, use a pick to push pin through chassis.



2. Remove latch and spacer.

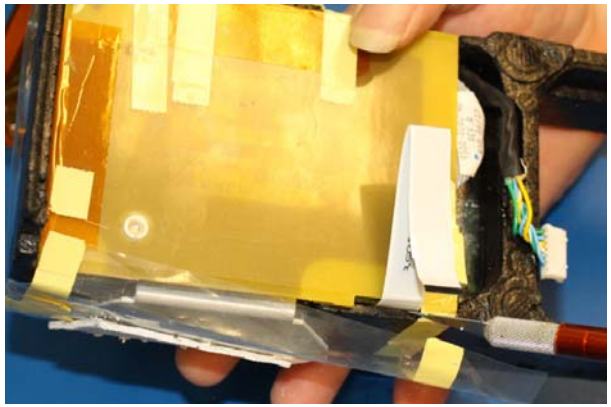


3. To remove paddle shorting wire, pull up on spring clip and disconnect spade from clip at each end.

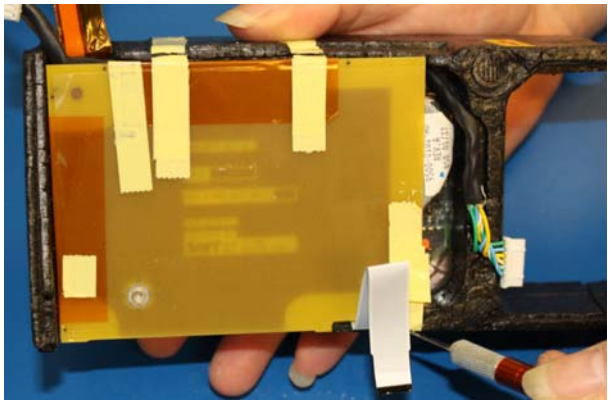


SPO_2/$EtCO_2$ Module Removal

1. Remove clear isolator by removing tape.

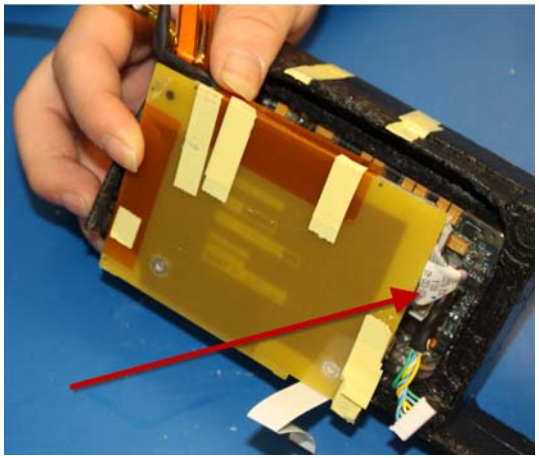


2. To remove SPO_2 module, cut tape top and bottom, then lift module out of Epac slightly.

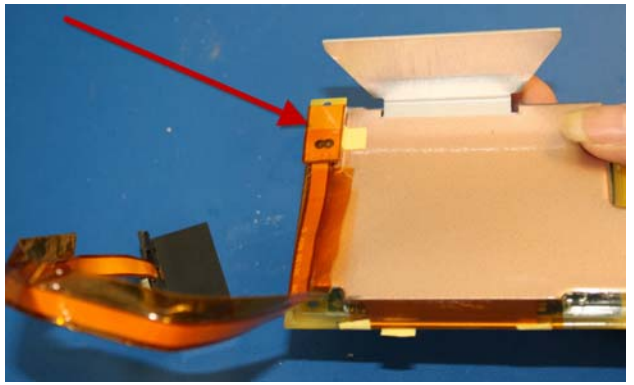


3. Disconnect SPO_2 power cable.

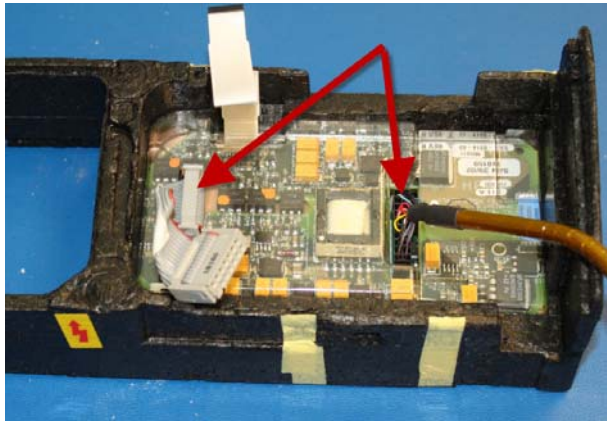
Note: During reassembly, cable has alignment pin.



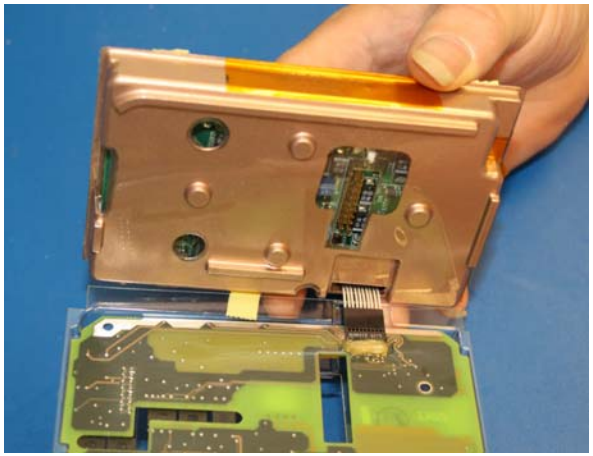
4. Remove SPO_2 connector cable.



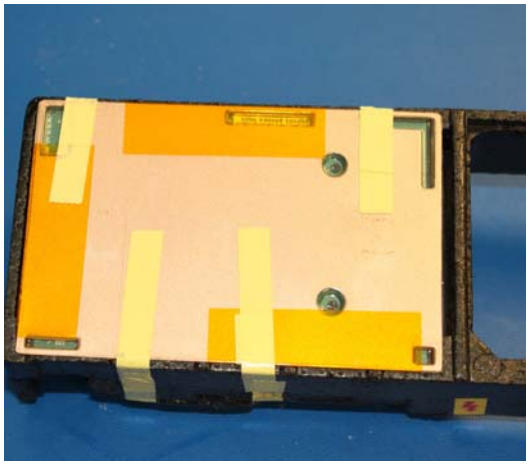
5. Disconnect the SPO_2 power cable from isolated power supply, then disconnect $EtCO_2$ cable from module.



7. Split power supply and module, and disconnect $EtCO_2$ cable by pulling straight out.

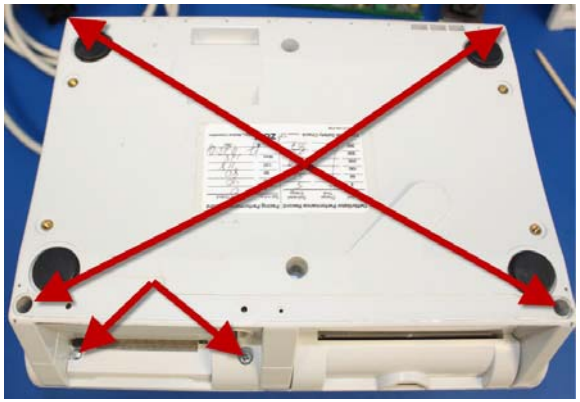


6. Flip Epac and cut tape. Lift out $EtCO_2$ module and isolated power supply from Epac.



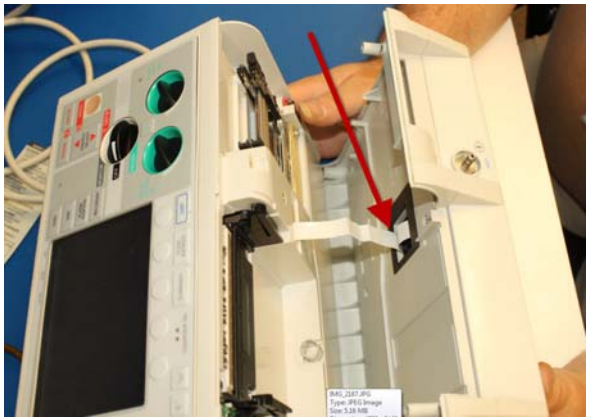
NIBP Assembly Removal

1. Remove 6 screws holding NIBP module to housing.



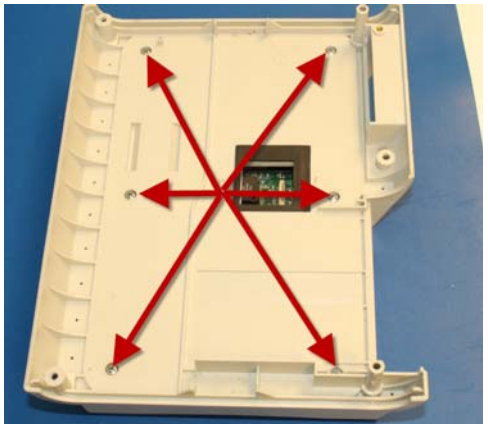
2. Split NIBP housing from main chassis, then slide cable out of NIBP housing.

Note: During reassembly, slide flex cable back inside of NIBP housing.

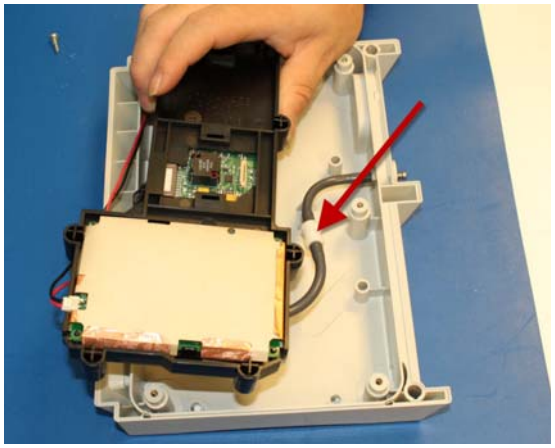


3. Disconnect flex cable from NIBP isolated power supply by lifting tabs and pulling cable straight out.

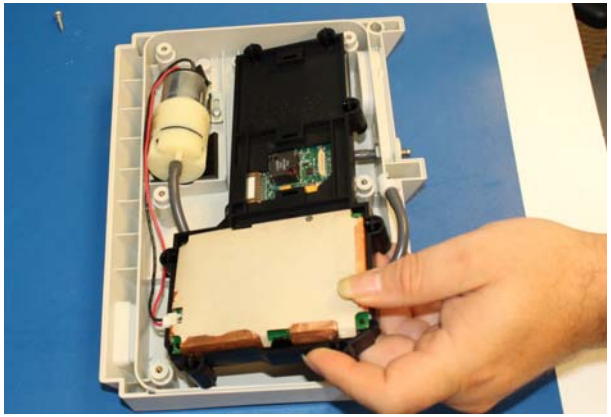
4. Remove 6 screws, and lift up on lower housing.



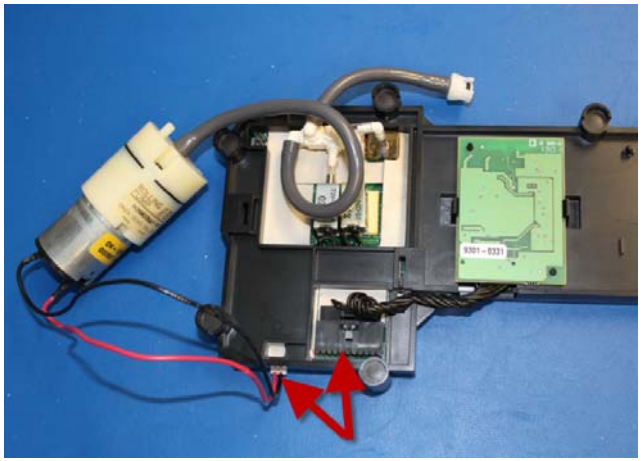
5. Lift NIBP frame half way out of housing and disconnect hose.



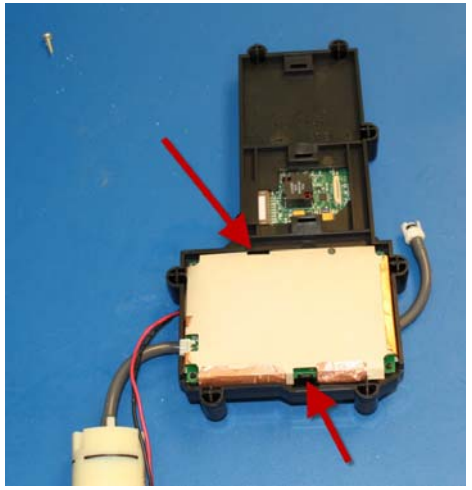
6. Lift up on pump and remove the assembly.



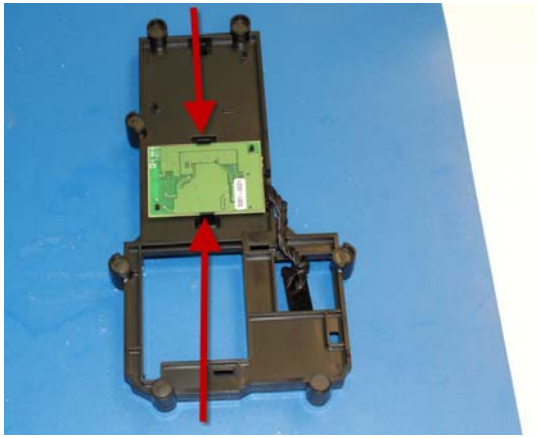
7. To disconnect pump, disconnect pump cable and isolated power cable from pump assembly.



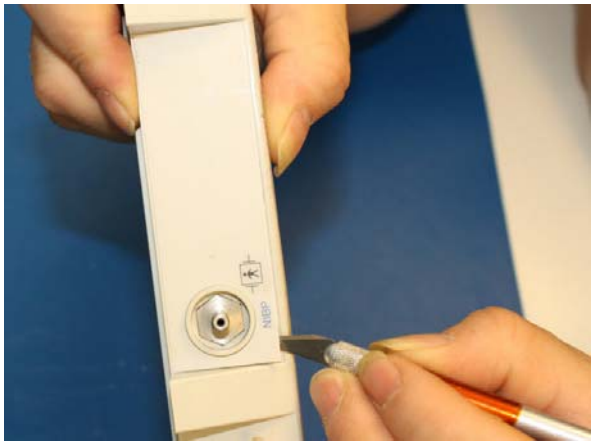
8. Gently push out on the 2 locking tabs, and lift NIBP assembly.



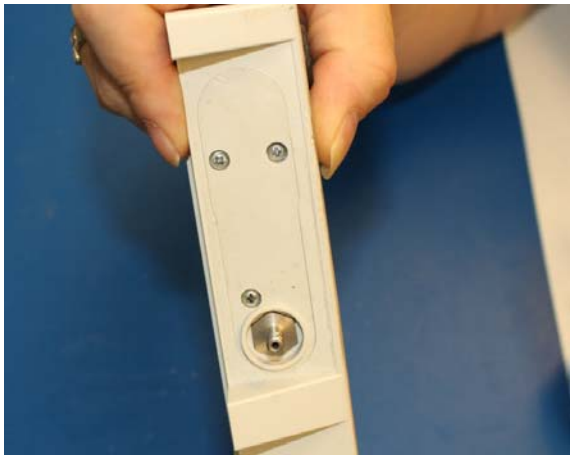
9. Gently push out on the locking tabs, lift the isolated power supply, and disconnect cable.



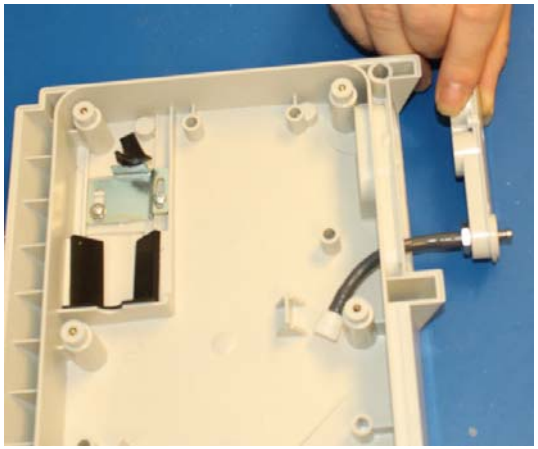
10. Using an exacto knife, lift up on label.



11. Remove 3 screws.

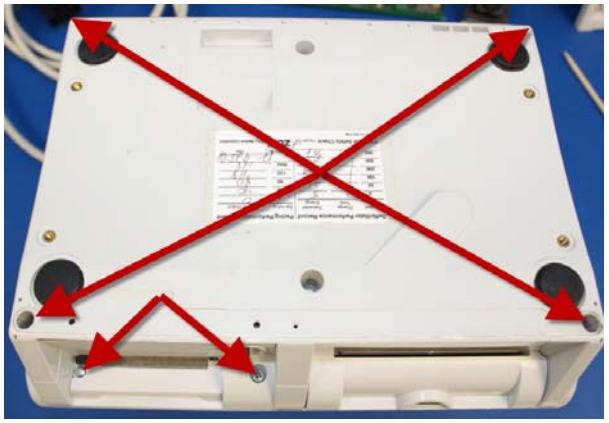


12. Slide connector panel out.

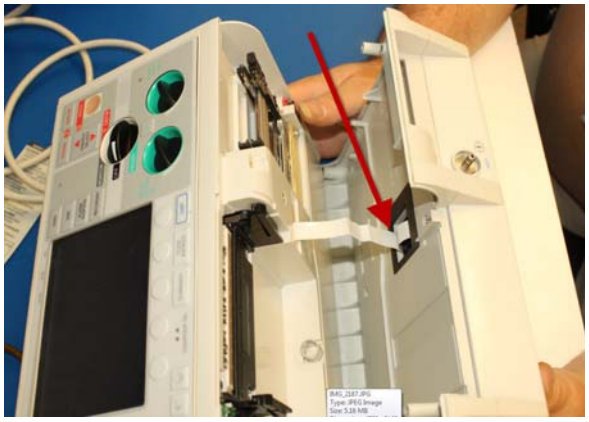


NIBP/IBP/Temp Assembly Removal

1. Remove 6 screws holding NIBP module to housing.



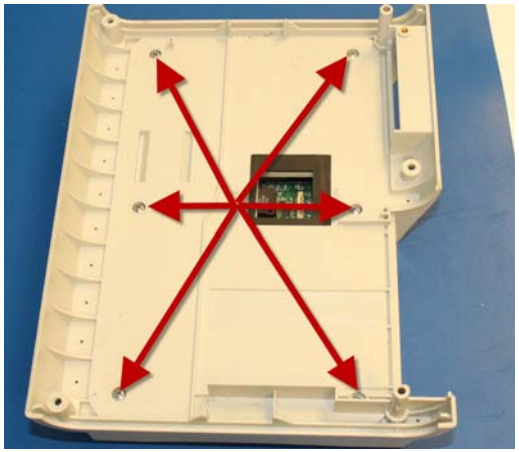
2. Split NIBP housing from main chassis, then slide cable out of NIBP housing.



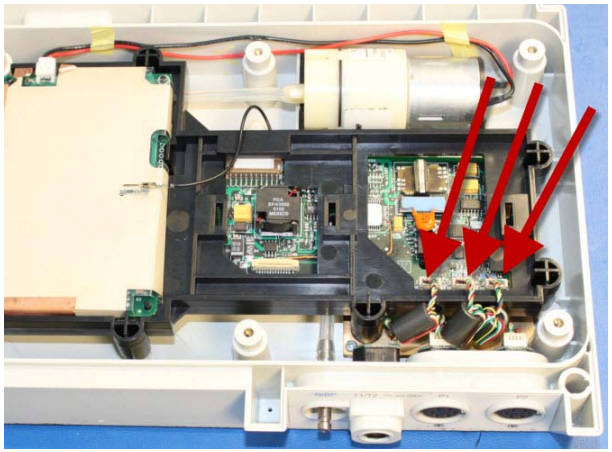
Note: During reassembly, slide flex cable back inside of NIBP housing.

3. Disconnect flex cable from NIBP isolated power supply by lifting tabs and pulling cable straight out.

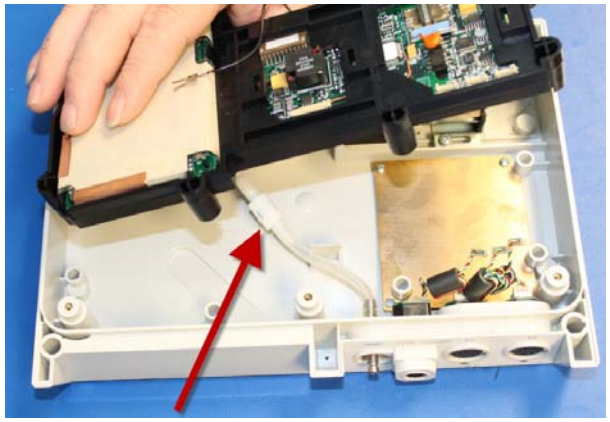
4. Remove 6 screws and lift up on lower housing.



5. Remove 3 cables by gently pulling cable out of connectors.

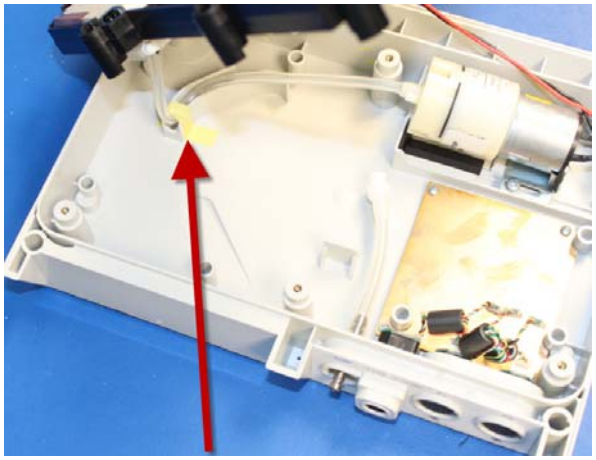


6. Lift up on pump assembly and disconnect hose.

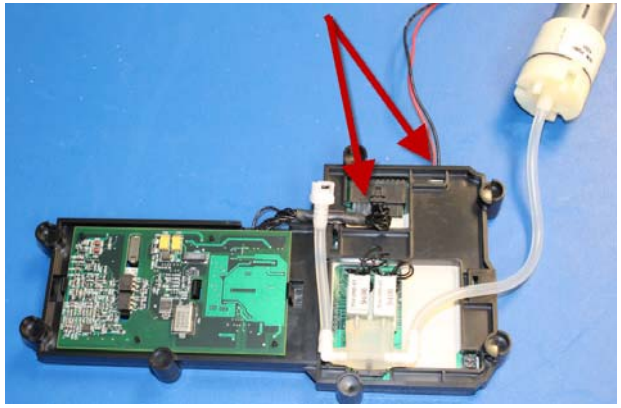


7. Remove tape securing hose in channel. Then remove pump assembly.

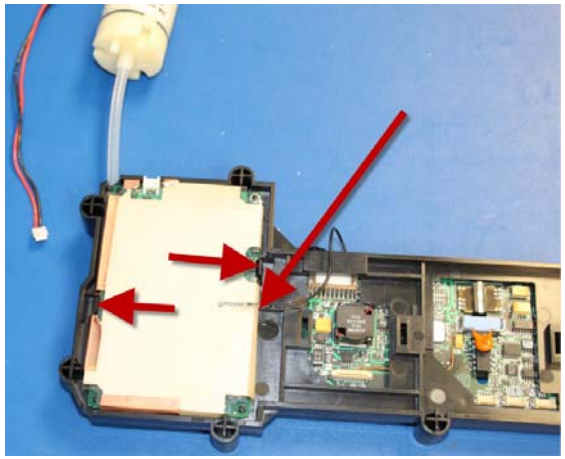
Note: During reassembly, make sure that you route the tube in the channel.



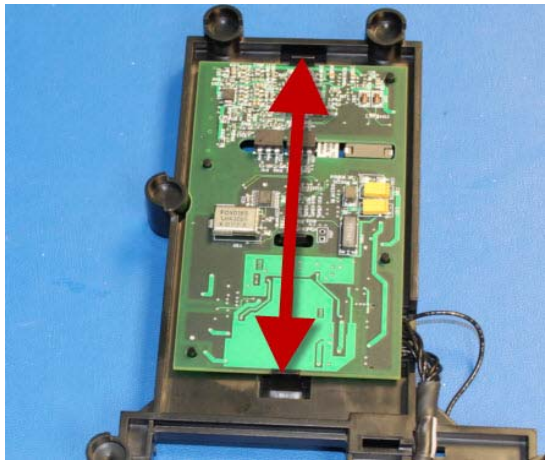
8. To disconnect pump, disconnect pump cable and isolator.



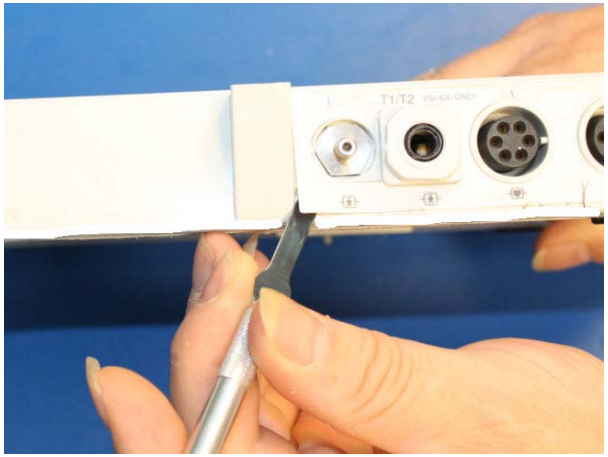
9. Remove ground cable, and gently push out on the 2 locking tabs, and lift NIBP assembly out.



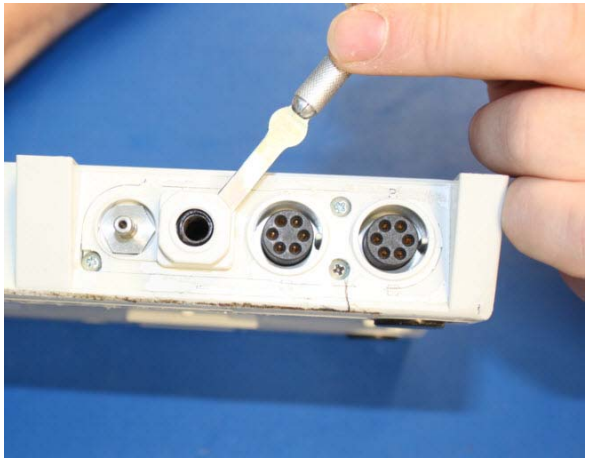
10. Gently push out on the 2 locking tabs, and lift the isolated power supply, and disconnect cable.



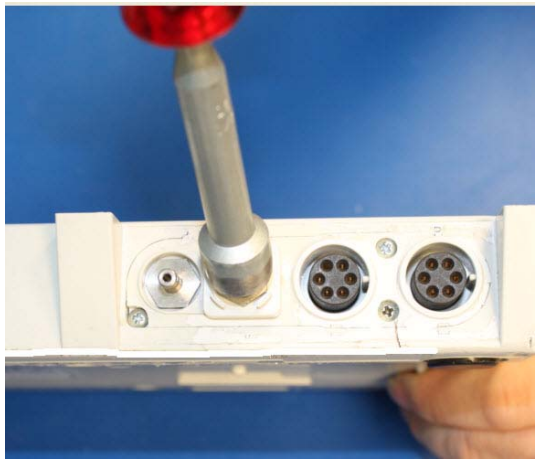
11. Using exacto knife, lift up on label.



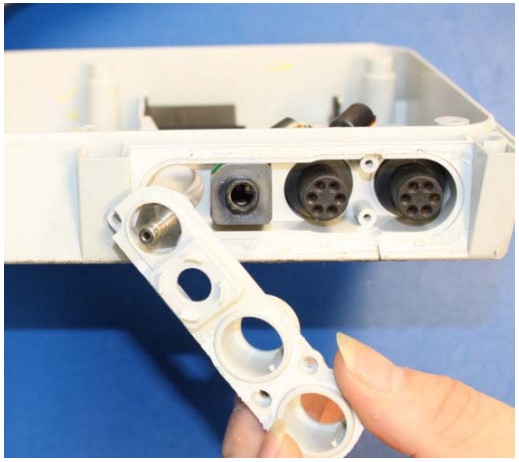
12. Using an exacto knife, gently lift up on temp port cap, and remove.



13. Using a 1/2 nut driver, remove temp port nut. Then remove 3 screws holding connector panel.

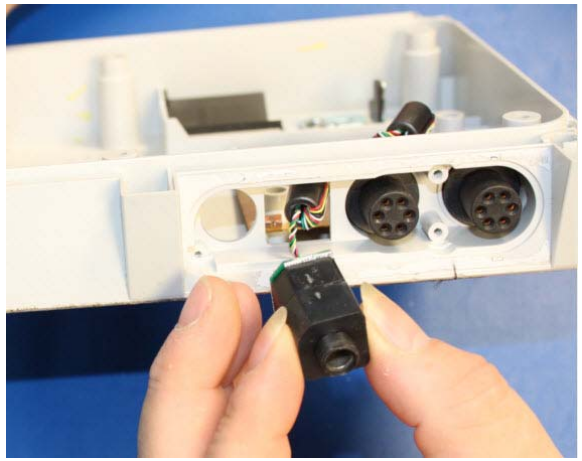


14. Slide connector panel out.

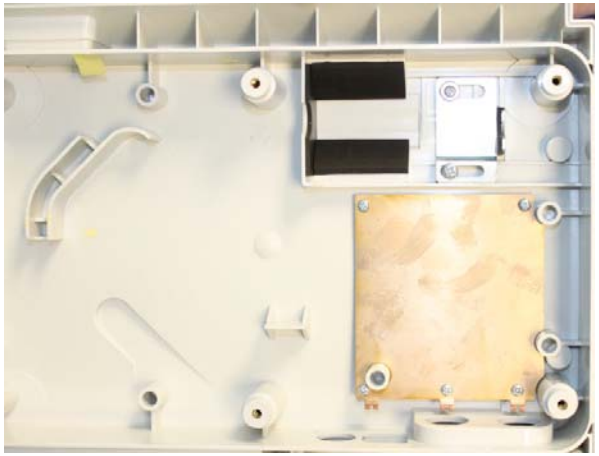


15. Slide out temperature and IBP connectors out of housing.

Note: During reassembly, make sure o-rings are installed under IBP connectors.



16. Remove 5 screws to remove grounding plate.



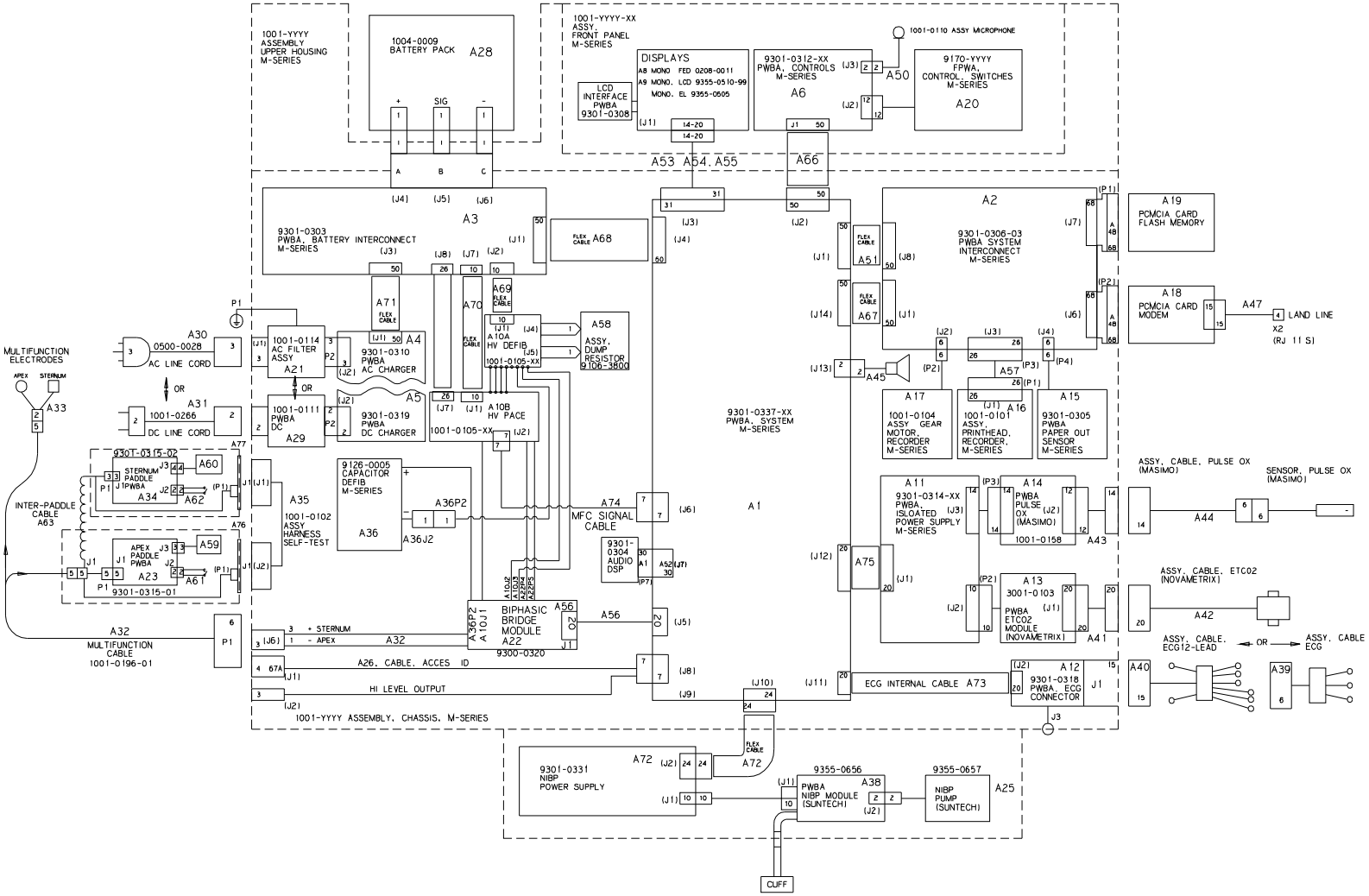
Appendix A
Overview

This appendix includes:

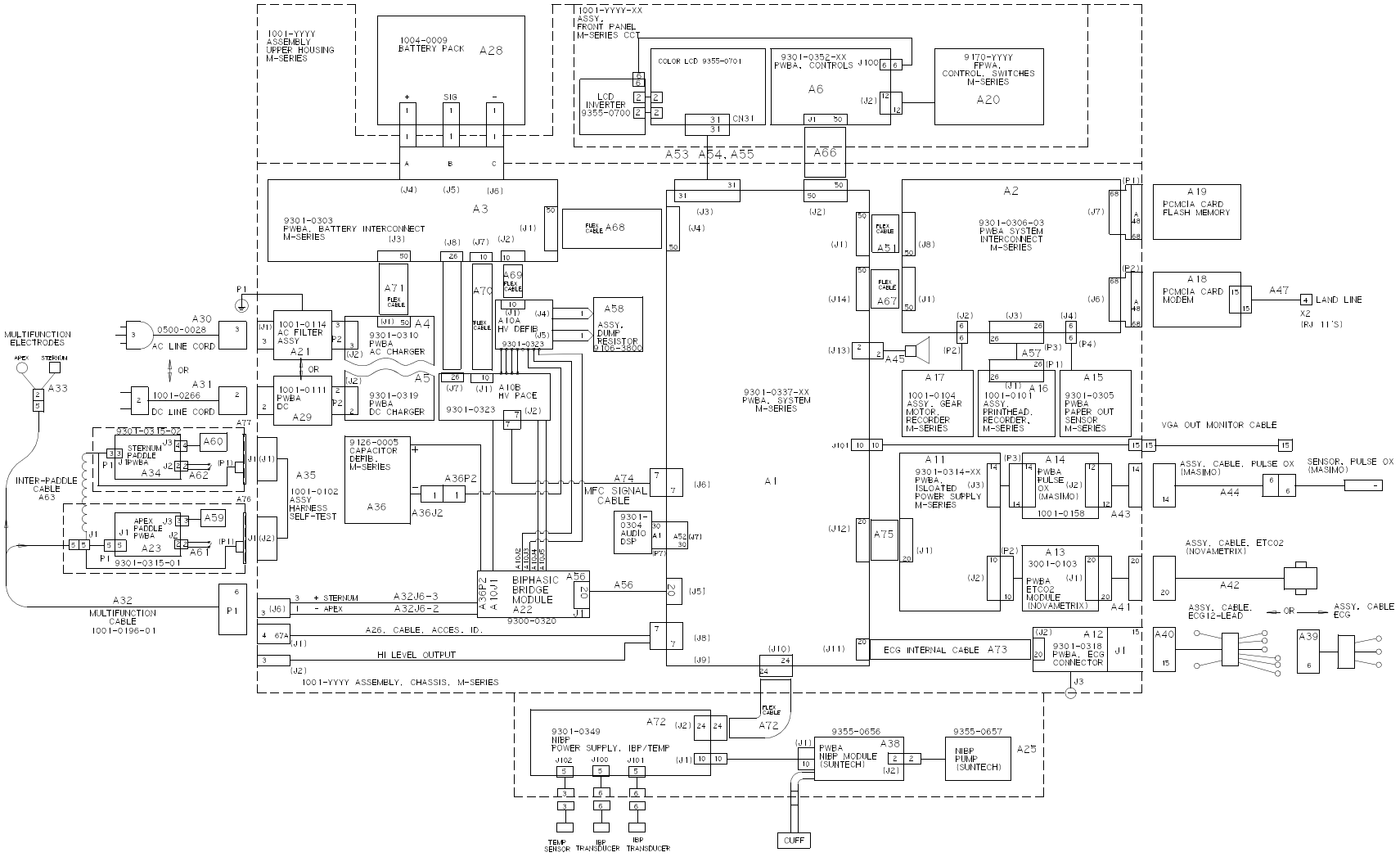
- Interconnect Diagram for the M Series Biphasic Unit
- Interconnect Diagram for the M Series CCT Biphasic Unit
- Interconnect Diagram for the M Series Monophasic Unit
- ZOLL M Series Maintenance Test Checklist

Photocopy the checklists and use the copies to record the results of the maintenance tests performed on the M Series equipment; keep them for your records.

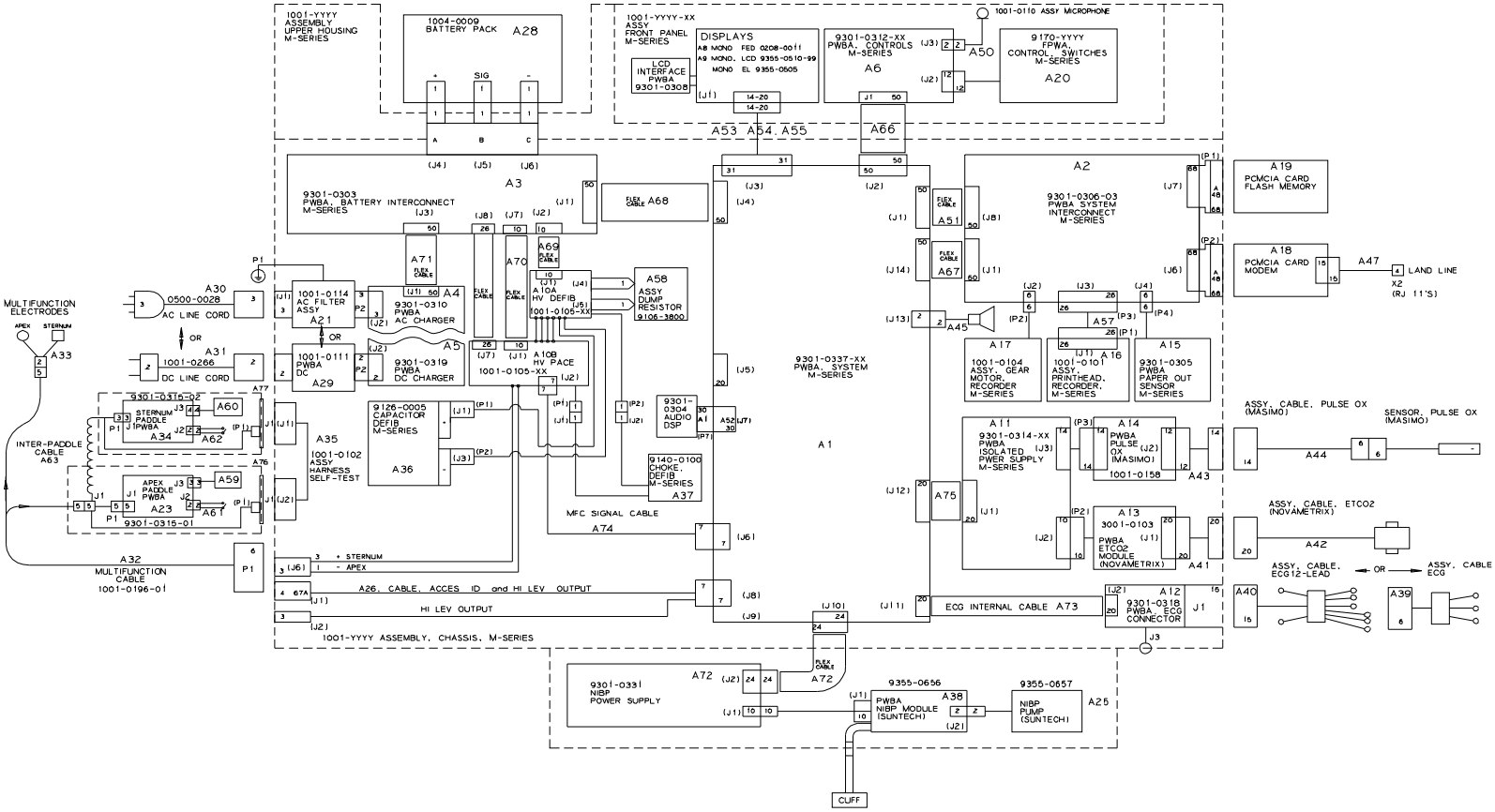
Interconnect Diagram for the M Series Biphasic Unit



Interconnect Diagram for the M Series CCT Biphasic Unit



Interconnect Diagram for the M Series Monophasic Unit



ZOLL M Series
Maintenance Test Checklist

Serial No. _____ Location _____

Tester _____ Signature _____ Date _____

Result of Check:

- o No action required
- o Minor problems corrected
- o Disposable supplies replaced
- o Major problems identified (unit out of service)

Additional Remarks

_____
_____
_____
_____
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_____
_____
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_____
_____

1.0 Physical Inspection

	Pass	Fail	N/A
1.1	o	o	o
1.2	o	o	o
1.3	o	o	o
1.4	o	o	o
1.5	o	o	o
1.6	o	o	o
1.7	o	o	o
1.8	o	o	o
1.9	o	o	o
1.10	o	o	o
1.11	o	o	o
1.12	o	o	o
1.13	o	o	o
1.14	o	o	o
1.15	o	o	o

2.0 Front Panel Button Test

	Pass	Fail	N/A
2.1	o	o	o
2.2	o	o	o
2.3	o	o	o
2.4	o	o	o
2.5	o	o	o
2.6	o	o	o
2.7	o	o	o
2.8	o	o	o
2.9	o	o	o
2.10	o	o	o
2.11	o	o	o
2.12	o	o	o
2.13	o	o	o
2.14	o	o	o
2.15	o	o	o
2.16	o	o	o
2.17	o	o	o
2.18	o	o	o
2.19	o	o	o
2.20	o	o	o
2.21	o	o	o
2.22	o	o	o
2.23	o	o	o
2.24	o	o	o

3.0 Leads Test

	Pass	Fail	N/A
3.1	o	o	o
3.2	o	o	o
3.3	o	o	o
3.4	o	o	o

4.0 Power Supply Test

	Pass	Fail	N/A
4.1	o	o	o
4.3	o	o	o
4.4	o	o	o
4.5	o	o	o
4.6	o	o	o
4.8	o	o	o
4.9	o	o	o
4.10	o	o	o

5.0 Leakage Current Test

	Pass	Fail	N/A
5.1	o	o	o

6.0 Paddles Test

	Pass	Fail	N/A
6.1	o	o	o
6.2	o	o	o
6.3	o	o	o
6.4	o	o	o
6.5	o	o	o
6.6	o	o	o
6.7	o	o	o
6.8	o	o	o

7.0 Heart Rate Display Test

	Pass	Fail	N/A
7.1	o	o	o

8.0 Pulse Calibration Test

	Pass	Fail	N/A
8.2	o	o	o

9.0 Notch Filter Test

	Pass	Fail	N/A
9.3	o	o	o

10.0 Heart Rate Alarm Test

	Pass	Fail	N/A
10.1	o	o	o
10.2	o	o	o
10.3	o	o	o
10.4	o	o	o
10.5	o	o	o
10.6	o	o	o
10.7	o	o	o
10.8	o	o	o
10.9	o	o	o
10.10	o	o	o
10.11	o	o	o
10.12	o	o	o
10.13	o	o	o
10.14	o	o	o

11.0 Defibrillator Self Test

	Pass	Fail	N/A
11.1	o	o	o
11.2	o	o	o
11.3	o	o	o
11.4	o	o	o
11.5	o	o	o
11.6	o	o	o
11.7	o	o	o

12.0 Synchronized Cardioversion Test

	Pass	Fail	N/A
12.2	o	o	o
12.3	o	o	o

ZOLL M Series
Maintenance Test Checklist

Serial No. _____ Location _____

Tester _____ Signature _____ Date _____

13.0 Shock Test

	Pass	Fail	N/A
13.2	o	o	o
13.3	o	o	o
13.4	o	o	o
13.5	o	o	o
13.6	o	o	o
13.7	o	o	o
13.8	o	o	o
13.9	o	o	o
13.10	o	o	o
13.11	o	o	o
13.12	o	o	o
13.13	o	o	o
13.14	o	o	o
13.15	o	o	o
13.16	o	o	o
13.17	o	o	o
13.18	o	o	o
13.19	o	o	o
13.20	o	o	o
13.21	o	o	o
13.22	o	o	o
13.23	o	o	o
13.24	o	o	o

14.0 Summary Report Test

	Pass	Fail	N/A
14.1	o	o	o
14.2	o	o	o
14.3	o	o	o
14.4	o	o	o

15.0 Advisory Message Test

	Pass	Fail	N/A
15.2	o	o	o
15.3	o	o	o
15.4	o	o	o

16.0 Pacer Test

	Pass	Fail	N/A
16.1	o	o	o
16.2	o	o	o
16.3	o	o	o
16.4	o	o	o
16.5	o	o	o
16.6	o	o	o
16.7	o	o	o
16.8	o	o	o
16.9	o	o	o
16.10	o	o	o
16.11	o	o	o
16.12	o	o	o

17.0 SpO_2 Monitor Test

	Pass	Fail	N/A
17.1	o	o	o
17.2	o	o	o
17.3	o	o	o
17.4	o	o	o
17.5a	o	o	o
17.5b	o	o	o
17.6a	o	o	o
17.6b	o	o	o
17.7	o	o	o
17.8	o	o	o
17.9	o	o	o

18.0 $EtCO_2$ Monitor Test

	Pass	Fail	N/A
18.2	o	o	o
183	o	o	o
18.4	o	o	o
18.5	o	o	o
18.6	o	o	o

19.0 Temperature Test

	Pass	Fail	N/A
19.3	o	o	o
19.4	o	o	o
19.5	o	o	o
19.6	o	o	o

20.0 IBP Monitoring Test

	Pass	Fail	N/A
20.1	o	o	o
20.2	o	o	o
20.3	o	o	o
20.4	o	o	o
20.5	o	o	o
20.6	o	o	o
20.7	o	o	o
20.8a	o	o	o
20.8b	o	o	o
20.10a	o	o	o
20.10b	o	o	o
20.11	o	o	o
20.13	o	o	o
20.14	o	o	o
20.15	o	o	o
20.16	o	o	o
20.17	o	o	o
20.18	o	o	o
20.19	o	o	o
20.20	o	o	o
20.21	o	o	o
20.22	o	o	o
20.23	o	o	o
20.24	o	o	o
20.25	o	o	o
20.27	o	o	o
20.29	o	o	o
20.30	o	o	o
20.32	o	o	o
20.33	o	o	o
20.35	o	o	o
20.36	o	o	o
20.38	o	o	o
20.39	o	o	o

21.0 NIBP Volume Leak Test with Bio-Tek NIBP Analyzer

	Pass	Fail	N/A
21.1	o	o	o
21.2	o	o	o
21.3	o	o	o
21.4	o	o	o
21.5	o	o	o
21.6	o	o	o
21.7	o	o	o

22.0 NIBP Transducer Calibration

	Pass	Fail	N/A
22.1	o	o	o
22.2	o	o	o
22.3	o	o	o
22.4	o	o	o
22.5	o	o	o
22.6	o	o	o
22.7	o	o	o
22.8	o	o	o
22.9	o	o	o

23.0 NIBP Monitor Test

	Pass	Fail	N/A
23.2	o	o	o
23.3	o	o	o
23.4	o	o	o

24.0 Bluetooth Test

	Pass	Fail	N/A
24.1	o	o	o
24.3	o	o	o
24.9	o	o	o